FEDERAL CORRECTIONAL INSTITUTION LABORATORY
1299 SEASIDE AVENUE
TERMINAL ISLAND, CALIFORNIA 90731

Medical Technologist: **(310)732-5263** **Printed:** August 17, 1999 (7:11AM)

Vickie L. Lopez

Name: Monaco, Donald ID: 13314-006

–Test Name	Result	Abnormal Flag	Units	Reference Range	
Collection Cmt.					
	Collected by Referring Institution				
ALT/(SGPT)	82.4H		IU/L	8.0	51.0

Tests ordered: ALT

ID: 13314-006 DOB: 07-31-58 Age: 41 Sex: M
Name: Monaco, Donald
Ordered By: Dr. Pelton
Collected: 08-16-99 Reviewed By:

"Sensitive Limited Official Use Only"

8/17/99

FEDERAL CORRECTIONAL INSTITUTION LABORATORY
1299 SEASIDE AVENUE
TERMINAL ISLAND, CALIFORNIA 90731

Medical Technologist: **(310)732-5263** **Printed:** June 2, 1999 (7:33AM)

Vickie L. Lopez VV

Name: Monaco, Donald ID: 13314-006

–Test Name	Result	Abnormal Flag	Units	Reference Range	
Collection Cmt.					
	Collected by Referring Institution				
ALT/(SGPT)	155.5	H	IU/L	8.0	51.0

Tests ordered: ALT

ID: 13314-006 DOB: 07-31-58 Age: 40 Sex: M
Name: Monaco, Donald
Ordered By: Dr. Pelton
Collected: 06-01-99

Reviewed By:

6/2/99

BIO-CYPHER
LABORATORIES

[illegible] Fernando Blvd., Burbank, CA 91502 FINAL
(800) 669-4674 FAX (818) 846-9658
Barry F. Manna, M.D. - Medical Director

[illegible]
[illegible] CORRECTIONAL INST-TERMINAL ISLAND
[illegible]
[illegible], CA 90731

Patient : MONACO, DONALD
Med Rec# : 13314006
DOB/Sex : 07/31/58 40 YRS MALE
Acc # : 9123804776
Spec Coll: 05/03/99 06:[illegible] SC
Spec Rec : 05/03/99 7:30PM
Req Phys : PELTON,

LOCATION	TEST	RESULTS WITHIN RANGE	RESULTS OUT OF RANGE	REFERENCE RANGE	UNITS
	- - - - - - - - - - CHEMISTRY - - - - - - - - - -				
01	Chemistry Panel				
	Glucose	87		70-110	mg/dL
	Sodium	138		135-145	mmol/L
	Potassium	4.0		3.5-5.3	mmol/L
	Chloride	102		98-110	mmol/L
	BUN	17		7-22	mg/dL
	Creatinine	1.1		0.5-1.5	mg/dL
	BUN/Creat Ratio	15.0		8-24	Ratio
	Uric Acid	7.1		3.5-7.2	mg/dL
	Bili, Total	1.0		0.2-1.2	mg/dL
	GGT	34		11-51	IU/L
	AST (SGOT)		84 H	0-40	IU/L
	ALT (SGPT)		155 H	0-45	IU/L
	LD/LDH	162		100-210	IU/L
	Alkaline Phos	67		37-115	IU/L
	Calcium	9.4		8.4-10.5	mg/dL
	Phosphorus	3.6		2.5-4.6	mg/dL
	Total Protein	7.2		6.0-8.0	g/dL
	Albumin	4.3		3.5-5.0	g/dL
	Globulin	2.9		1.5-4.0	g/dL
	A/G Ratio	1.5			
	Iron	104		65-175	ug/dL
	Cholesterol	185		<200	mg/dL
	Triglyceride	149		10-150	mg/dL

TESTING LOCATION:
Bio-Cypher Laboratories
3301 C Street, #100-E, Sacramento, CA 95816
Stephen N. Bauer, M.D., Director

5/4/99

Footnotes
H = High

Printed: 05/04/99 8:32AM
Accession: 9123804776
Patient: MONACO, DONALD
end of report
Page: 1

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
[redacted] EAST CENTER STREET
Laboratory Supervisor: [redacted]STER, MINNESOTA 55903 Page: 1
Daryl Aaberg (507) 287-0674 EXT. 503 Printed:02/24/1999 @ 15:12

* * * F I N A L R E P O R T * * *

Name: MONACO,DONALD [5098R] ID: 13314-006

--Test Name----------	Result	Abnormal Flag	Units	Reference Range-------
Collection Cmt.	Collected by Referring Institution			
HIV-1 Ab (MRC)	Non-Reactive			Nonreact

-- End of Laboratory Report --

---

ests | HIV-1 Ab (MRC)
rdered|

D :13314-006 DOB:07/31/1958 Age:40 Sex:M
ame:MONACO,DONALD Lab Acn#: 5098R
rdered By:Dag, MD
ollected :02/23/1999 08:00 Loc:FCI Terminal Island, CA

3/4/99
Reviewed

BIO-CYPHER

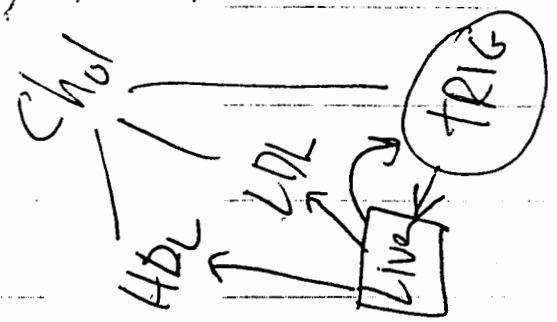
811 San Fernando Blvd., Burb., CA 91502 FINAL
(800) 660-4674 FAX (818) 846-9658
Fikry F. Hanna, M.D. - Medical Director 811000 3

88047
To: FED CORRECTIONAL INST-TERMINAL ISLAND
1299 SEASIDE AVE
TERMINAL ISLAND, CA 90731

Patient : MONACO, DONALD
Med Rec# : 13314006
DOB/Sex : 07/31/58 40 YRS MALE
Acc # : 9054803169
Spec Coll: 02/23/99 08:00AMLoc: BU
Spec Rec : 02/23/99 9:00PM
DAG Req Phys : FED CORRECTIONAL INST

LOCATION	TEST	RESULTS WITHIN RANGE	RESULTS OUT OF RANGE	REFERENCE RANGE	UNITS
	CHEMISTRY				
SC	Chemistry Panel				
	Glucose	84		70-110	mg/dL
	Sodium	140		135-145	mmol/L
	Potassium	4.5		3.5-5.3	mmol/L
	Chloride	104		98-110	mmol/L
	BUN	17		7-22	mg/dL
	Creatinine	1.3		0.5-1.5	mg/dL
	BUN/Creat Ratio	13.0		8-24	Ratio
	Uric Acid	6.5		3.5-7.2	mg/dL
	Bili, Total	1.1		0.2-1.2	mg/dL
	GGT	27		11-51	IU/L
	AST (SGOT)		44 H	0-40	IU/L
	ALT (SGPT)		75 H	0-45	IU/L
	LD/LDH	138		100-210	IU/L
	Alkaline Phos	66		37-115	IU/L
	Calcium	9.6		8.4-10.5	mg/dL
	Phosphorus	3.7		2.5-4.6	mg/dL
	Total Protein	7.6		6.0-8.0	g/dL
	Albumin	4.4		3.5-5.0	g/dL
	Globulin	3.2		1.5-4.0	g/dL
	A/G Ratio	1.4			
	Iron		177 H	65-175	ug/dL
	Cholesterol	188		<200	mg/dL
	Triglyceride		208 H	10-150	mg/dL

TESTING LOCATION:
SC Bio-Cypher Laboratories
3301 C Street, #100-E, Sacramento, CA 95816
Stephen N. Bauer, M.D., Director



2/26/99

Footnotes
H = High

Printed: 02/24/99 10:52AM
Accession: 9054803169 Patient: MONACO, DONALD

end of report

P-516
ROUTE:00516-001

CLIA: 50D0630157
CAP: [illegible]8-01

LabCorp®
21903 68th Ave S
Kent, Wa 98032
253-395-4000
800-598-3345

PATIENT NAME: MONACO, DONALD
DOB: 31-JUL-58 AGE: 40 SEX: M
PATIENT ID : 13314-006

ACCOUNT
01086-8 MDI-FDC SEA-TAC
2425 S 200TH ST
SEATTLE, WA 98198

ACCESSION : 3774185-8
REQUISITION: M00350148-7

COLLECTED : 19-JAN-99 10:25 N
RECEIVED : 19-JAN-99
REPORTED : 20-JAN-99 FAST:

PHYSICIAN: SPIEGLER

TEST REQUEST: URINALYSIS, ROUTINE, CBC, PLATELET; NO DIFFERENTIAL, RPR, VENIPUNCTURE.

TEST NAME	RESULT	UNITS	REFERENCE RANGE
RPR:			
RPR	NON REACTIVE		NR
URINALYSIS, ROUTINE:			
SPECIFIC GRAVITY	1.015		1.005-1.035
COLOR	YELLOW		YELLOW
APPEARANCE	CLEAR		
PH	5		4.5-7.5
PROTEIN	NEG		NEG
GLUCOSE	NEG		NEG
KETONES	NEG		NEG
BLOOD	NEG		NEG
BILIRUBIN	NEG		NEG
UROBILINOGEN	0.2	EU/dL	0-1
LEUKOCYTE ESTERASE	NEG		NEG
NITRITE (BACTERIA)	NEG		NEG
CBC, PLATELET; NO DIFFERENTIAL:			
WBC	5.7	THOUS/MM3	3.7-10.5
RBC	5.21	MILL/MM3	4.1-5.6
HEMOGLOBIN	16.8	G/DL	12.5-17.0
HEMATOCRIT	48.0	%	36-50
MCV	92	CMM	80-98
MCH	32.3	UUG	27-34
MCHC	35.0	%	32-36
PLATELET COUNT	183	X1000	155-385
RDW	12.0		11.7-15.0

JAN 1999
REVIEWED
ENRIQUE SPIEGLER MD
CLINICAL DIRECTOR

PG 1 FINAL: MONACO, DONALD 3774185-8/M00350150-7 C. DATE: 19-[illegible]-99

REPORT

NSN 7540-00-634-4162

519-218

PATIENT IDENTIFICATION (For typed or writ
Name — last, first, middle, Medical Facility)

Monaco, Donald
13314-006

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
40	M		CPD	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

(L) Shoulder

REQUESTED BY	TELEPHONE NO.
Pelton	

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED	PREGNANT
FCI-TRM	17166	5/24	☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

? Arthritis

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
6-2-93		

RADIOLOGIC REPORT

JG

FEDERAL CORR[illegible] [illegible]ST
TERMINAL ISLAND
1299 SEASIDE [illegible]
TERMINAL ISLAND CA 90731

SIGNATURE	LOCATION OF RADIOLOGIC FACILITY

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆U.S.GOVERNMENT PRINTING OFFICE 1986-403-486

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

3/7/03

Monaco, Donald

PO_2 100%

HEALTH SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

Harborside Radiology Medical Group, Inc.
28364 S. Western Avenue, Suite 490
Rancho Palos Verdes, CA 90275

Re: MONACO, DONALD
Registration No: 13314-006

Date of Exam(s): 06/02/99
Date of Report: 06/03/99
Date Transcribed: 06/06/99

History: 40-year-old male. Evaluate for arthritis.

LEFT SHOULDER, TWO VIEWS:

AP views of the left shoulder were obtained in internal and external rotation. There is no evidence of fracture or dislocation. However, there is some flattening and mild sclerosis of the apex of the greater tuberosity of the left humerus. This is associated with a downward-sloping acromion. Question the possibility of acromial impingement. No other abnormalities are appreciated. The glenohumeral and acromioclavicular joints are well maintained and appear unremarkable. RBB

IMPRESSION:
Question possible acromial impingement upon the humerus. Recommend clinical correlation.

Rebecca Bittner, M.D.
RB:jk

6/10/99

519-218

AGE/SEX	SSN (Sponsor)	WARD, CLINIC	REGISTER NO.
40/M		OPD	13314-006

Monaco, Donald

7-31-58

FCI - Terminal Island

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

CXR -

REQUESTED BY Day / MMarcos PA | TELEPHONE NO.

FILM NO.	DATE REQUESTED	PREGNANT
16870	2-18-99	YES ☐ NO ☐

(Symptoms and findings)

Chronic Care Placement - Hepatitis Clinic

DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
2-23-99	

JP 2/23

FEDERAL CORRECTIONAL INST.
TERMINAL ISLAND
1299 SEASIDE AVENUE
TERMINAL ISLAND, CA 90731

SIGNATURE	LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

U.S. HHS:1991-287-487

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

Harborside Radiology Medical Group, Inc.
28364 S. Western Avenue, Suite 490
Rancho Palos Verdes, CA 90275

Re: MONACO, DONALD
Registration No: 13314-006

Date of Exam(s): 02/23/99
Date of Report: 02/25/99
Date Transcribed: 02/27/99

History: Chronic care placement, hepatitis clinic.

CHEST, ONE VIEW:

No prior examination is available for comparison.

A PA view of the chest demonstrates normal heart size. The hila and pulmonary vasculature are unremarkable. No pleural disease is seen. The bones and soft tissues are within the range of normal.

IMPRESSION:
Normal chest x-ray.

Rebecca Bittner, M.D.
RB:jk

44yr 66in 188lb Med: None
Sex: M Race: Cauc Loc: Room:

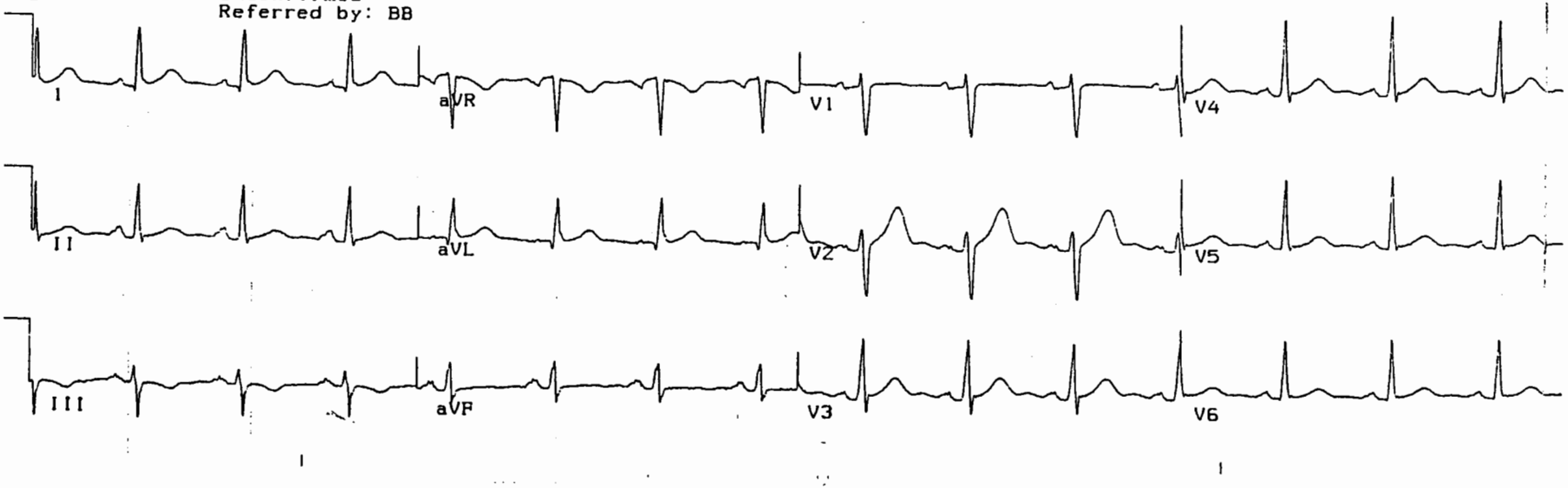
Cart: 1 Tech:

25mm/s 10mm/mV 100Hz
Pgm 110B/110 Unconfirmed
Referred by: BB

Vent. rate	87	BPM
PR interval	152	ms
QRS duration	80	ms
QT/QTc	352/422	ms
P-R-T axes	62 18	13

NORMAL SINUS RHYTHM
NORMAL ECG

3/6/03



PEEL TO MOUNT CHART/GRAPH

[redacted] SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

DO NOT REMOVE

REF 9064-008 500/Box

LOT

0898

9064-008 I/N 4 REV E

Manufactured For
marquette
Medical Systems

Jupiter, Florida 33458 U.S.A.
Freiburg im Breisgau, GERMANY

PEEL TO MOUNT CHART/GRAPH

MONACO, DONALD ID: 013314006 27-OCT-2002 12:02

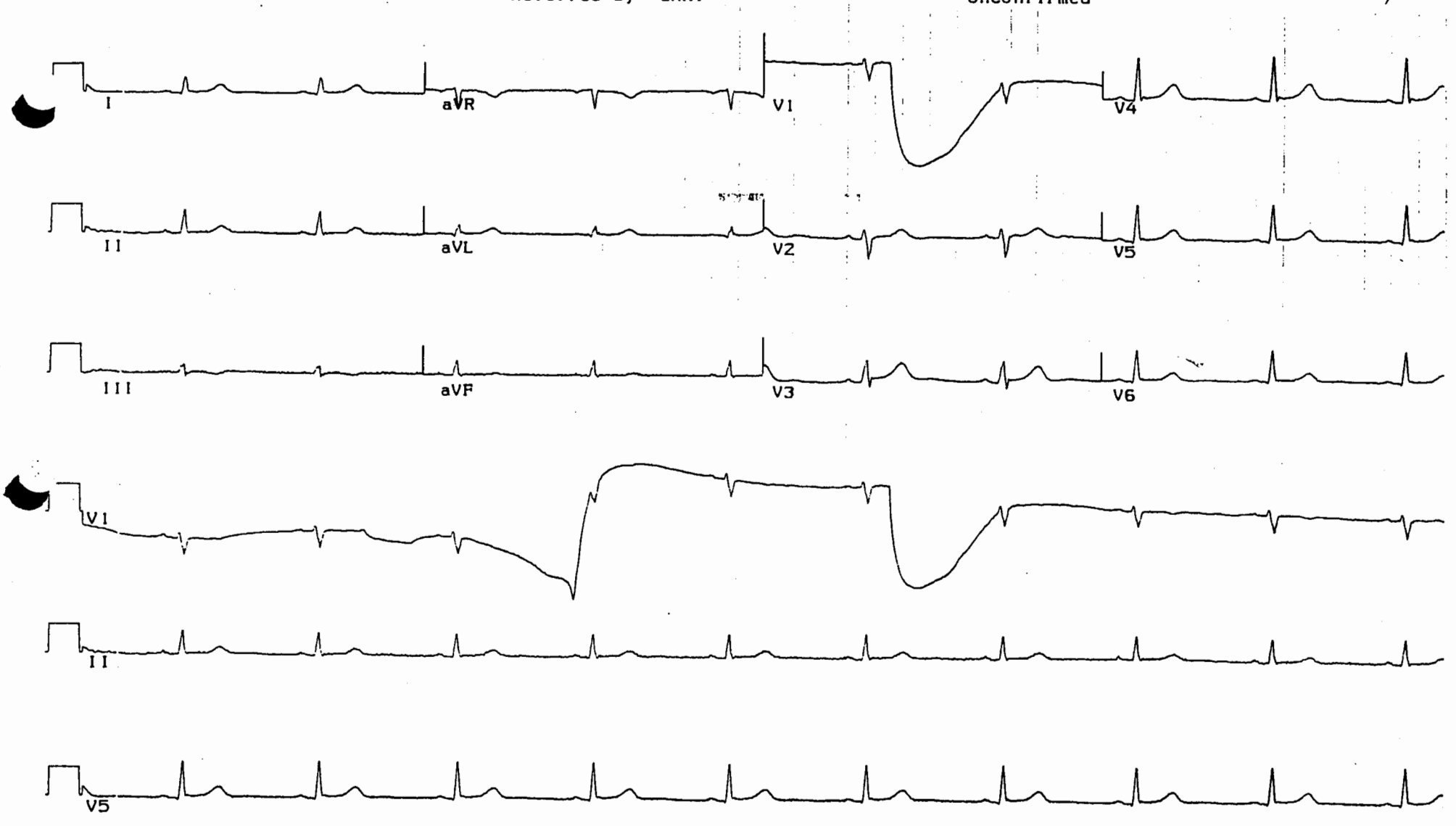
25mm/s Med: Unknown
5mm/mV 44yr 65in 196lb NORMAL SINUS RHYTHM
100Hz Sex: M Race: Cauc NORMAL ECG
Pgm 007B Loc: Room:
v206

Vent. rate 60 BPM
PR interval 140 ms
QRS duration 92 ms
Cart: 1 QT/QTc 408/408 ms
Tech.: P-R-T axes 41 41 24

10/30/02

Referred by: GRAY

Unconfirmed



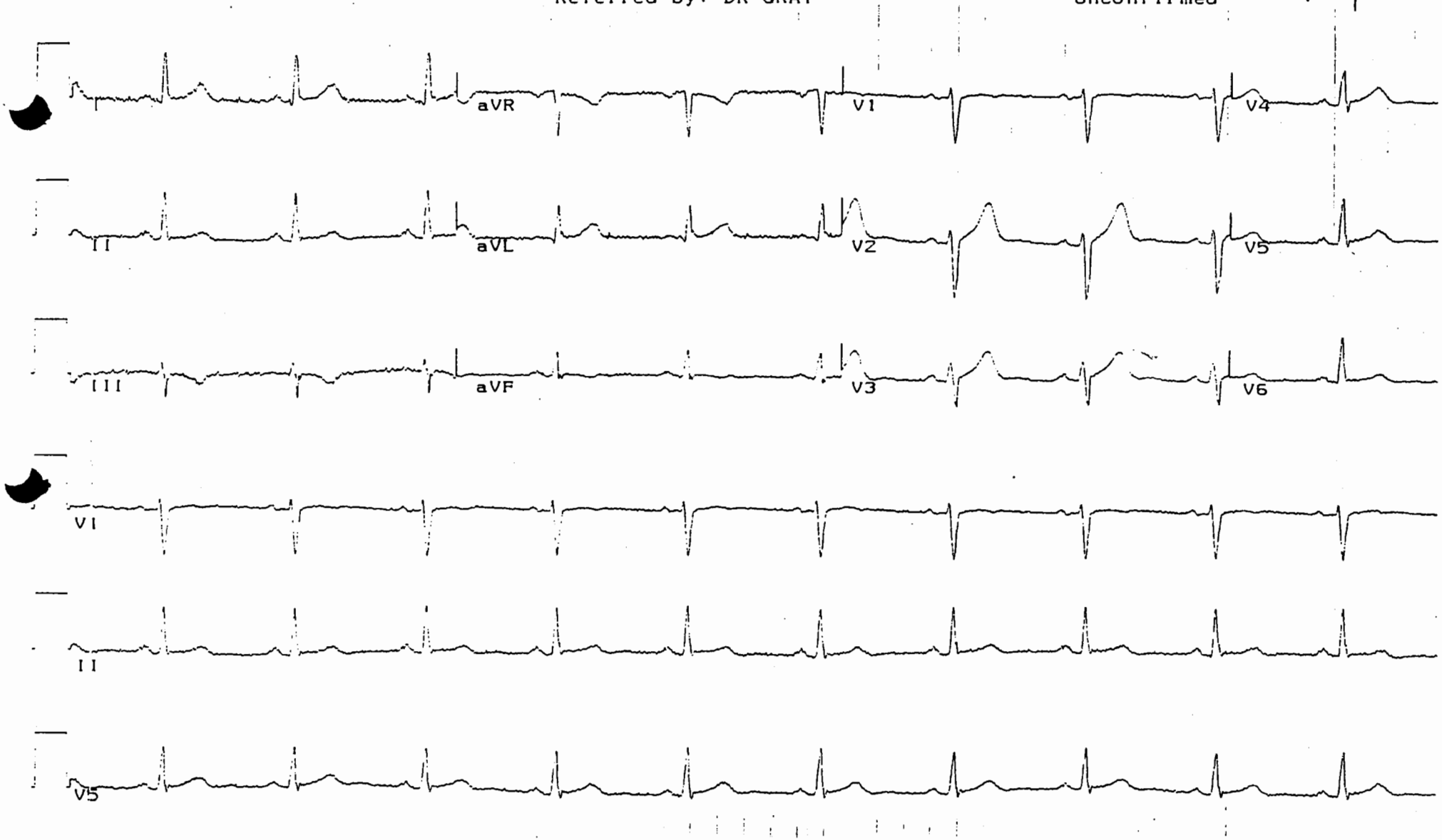
MONACO, DONALD ID: 013314006 12-JUN-2001 13:24 FCI WASECA

25mm/s Med: Unknown
10mm/mV 43yr Ht: Wt: NORMAL SINUS RHYTHM
100Hz Sex: M Race: NORMAL ECG
Pgm 007B Loc: Room:
v206

Vent. rate 71 BPM
PR interval 140 ms
QRS duration 84 ms
Car: 1 QT/QTc 372/403 ms
Tech.: P-R-T axes 41 23 -2

Referred by: DR GRAY Unconfirmed

6/13/01



FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
36184 K. PETERSON 01/22/03
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY AT 7AM **TRANS MED**

ASPIRIN, E.C. 325 MG TAB #7
(0)Refills 01/21/2003 JAP RxExp 01/28/03
CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
34542 M. GRAY 12/06/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY .

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 12/05/2002 JAP RxExp 03/05/03
CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
34541 M. GRAY 12/06/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN EACH NOSTRIL AT ONSET OF MIGRAINE, DO NOT EXCEED 8 SPRAYS A MONTH **RETURN EMPTIES FOR REFILL**

SUMATRIPTAN NASAL SPRAY 20 MG UD #2
(8)Refills 12/05/2002 JAP RxExp 03/05/03
CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
33360 M. GRAY 11/05/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN EACH NOSTRIL AT ONSET OF HEADACHE. DO NOT EXCEED 8 SPRAYS IN ONE MONTH.

SUMATRIPTAN NASAL SPRAY 20 MG UD #2
(8)Refills 11/04/2002 JZ RxExp 02/02/03

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
36185 K. PETERSON 01/22/03
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF MIGRAINE, MAY REPEAT X 1 IN 2 HOURS AS NEEDED **DO NOT EXCEED 8 DOSES/MONTH TRANS MED****

SUMATRIPTAN NASAL SPRAY 20 MG UD #2
(0)Refills 01/21/2003 JAP RxExp 01/28/03
CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
34543 M. GRAY 12/06/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE CAPSULE BY MOUTH 5 TIMES A DAY AS DIRECTED.

ACYCLOVIR 200 MG CAP #35
(3)Refills 12/05/2002 JAP RxExp 03/05/03
CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
33361 M. GRAY 11/05/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE 1 TABLET EVERY DAY. TAKE WITH FOOD OR MILK.

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 11/04/2002 JZ RxExp 02/02/03

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
30026 M. GRAY 08/09/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 08/08/2002 JAP RxExp 11/06/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
26485 M. GRAY 05/11/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF MIGRAINE, MAY REPEAT X 1 IN 2 HOURS AS NEEDED **DO NOT EXCEED 8 DOSES/MONTH * MUST TURN IN EMPTIES FOR REFILL

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 05/10/2002 JAP RxExp 08/08/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
22646 M. GRAY 02/15/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF MIGRAINE, MAY REPEAT X 1 IN 2 HOURS AS NEEDED *DO NOT EXCEED 8 DOSES/MONTH* TURN IN EMPTIES FOR REFILL*

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 02/14/2002 JAP RxExp 05/15/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
19293 M. GRAY 11/22/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X 1 IN 2 HOURS *DO NOT EXCEED 8 DOSES/MONTH* MUST TURN IN EMPTIES FOR REFILL *

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 11/21/2001 JAP RxExp 02/19/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
15803 M. GRAY 08/24/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X 1 IN 2 HOURS *DO NOT EXCEED 8 DOSES/ MONTH* MUST TURN IN EMPTIES FOR REFILL*

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 08/23/2001 JAP RxExp 11/21/01

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
30025 M. GRAY 08/09/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF MIGRAINE, MAY REPEAT X 1 IN 2 HOURS AS NEEDED **DO NOT EXCEED 8 DOSES/MONTH * MUST TURN IN EMPTIES FOR REFILL **

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 08/08/2002 JAP RxExp 11/06/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
26486 M. GRAY 05/11/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 05/10/2002 JAP RxExp 08/08/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
22647 M. GRAY 02/15/02
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY .

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 02/14/2002 JAP RxExp 05/15/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASECA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
19294 M. GRAY 11/22/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B06-203U
TAKE ONE TABLET BY MOUTH EACH DAY **TAKE THIS EVERY DAY**

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 11/21/2001 JAP RxExp 02/19/02

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
15804 M. GRAY 08/24/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
TAKE ONE TABLET BY MOUTH EACH DAY **TAKE THIS EVERY DAY**

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 08/23/2001 JAP RxExp 11/21/01

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
12012 M. GRAY 05/25/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X1 IN 2 HOURS **DO NOT EXCEED 8 DOSES/MONTH *MUST TURN IN EMPTIES FOR REFILL**

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(8)Refills 05/25/2001 JAP RxExp 08/22/01

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
8193 M. GRAY 03/02/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X 1 IN 2 HOURS **DO NOT EXCEED 8 DOSES/MONTH *MUST TURN IN EMPTIES FOR REFILL*

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(12)Refills 03/01/2001 JAP RxExp 05/30/01
CAUTION: Federal State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
3788 S. PETRIE 11/02/00
MONACO, DONALD 13314-006
WAS - Z01-123LAD
TAKE 4 CAPSULES BY MOUTH NOW (1 HOUR BEFORE DENTAL APPT)

CLINDAMYCIN 150 MG CAP # 4
(0)Refills 11/02/2000 JAP ~~RxExp 11/02/00~~
CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
2565 K. PETERSON 09/28/00
MONACO, DONALD 13314-006
WAS - Z01-123LAD
USE 1 SPRAY IN A NOSTRIL AS NEEDED FOR MIGRAINE, MAY REPEAT X 1 IN 2 HOURS *NO MORE THAN 8/MONTH* MUST RETURN EMPTY CONTAINERS BEFORE GETTING REFILL* SEG MED*

SUMATRIPTAN NASAL SPRAY 2 # 2
(0)Refills 09/28/2000 JAP ~~RxExp 10/27/00~~
CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

Pharmacy Services
FCI WASECA, MN 56093 507-835-8972

RX400030213 K. PETERSON 06/01/00
MONACO,DONALD 13314-006
USE 1 SPRAY IN ONE NOSTRIL AS NEEDED FOR MIGRAINE MAY REPEAT X 1 IN 2 HOURS/NO MORE THAN 8 IN 30 DAYS

SUMATRIPTAN 20MG NASAL SPRAY #2
JAP 3 REFILL(S) EXPIRES 08/28/00

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
12013 M. GRAY 05/25/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
TAKE ONE TABLET BY MOUTH EACH DAY

ASPIRIN, E.C. 325 MG TAB #30
(2)Refills 05/25/2001 JAP RxExp 08/22/01

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
11170 Z. KIMBALL 05/04/01
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED **MAY CAUSE DROWSINESS**

DIPHENHYDRAMINE 25 MG CAP #15
(1)Refills 05/03/2001 JAP RxExp 07/02/01
CAUTION: Federal State law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
4896 M. GRAY 12/05/00
MONACO, DONALD 13314-006
FCI WASECA HOUSING - B05-202U
USE 1 SPRAY IN A NOSTRIL AT ONSET OF HEADACHE* NOT TO EXCEED 8 DOSES PER MONTH* MUST RETURN EMPTY CONTAINERS BEFORE GETTING REFILLS

SUMATRIPTAN NASAL SPRA 20 MG UD #2
(2)Refills 12/04/2000 JAP ~~RxExp 03/04/01~~
CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

FCI WASCEA PHARMACY (507) 835-8972
1000 UNIVERSITY DRIVE SW - WASECA, MN 56093
2874 Z. KIMBALL 10/06/00
MONACO, DONALD 13314-006
WAS - Z01-123LAD
TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED **MAY CAUSE DROWSINESS**

HYDROXYZINE 25 MG TAB # 10
(0)Refills 10/06/2000 JAP ~~RxExp 11/04/00~~
CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

Pharmacy Services
FCI WASECA, MN 56093 507-835-8972

RX400030686 Dr. M. GRAY 06/14/00
MONACO,DONALD 13314-006
USE 1 SPRAY IN ONE NOSTRIL AS NEEDED FOR MIGRAINE MAY REPEAT X 1 IN 2 HOURS/NO MORE THAN 8 DOSES IN 30 DAYS

SUMATRIPTAN 20MG NASAL SPRAY #2
JAP 11 REFILL(S) EXPIRES 09/06/00

WAS

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

PILL LINE MEDICATION SHEET

Medications

U.S. Penitentiary
Terre Haute, Indiana 47808
No. 6389114 AGJ Date 05/24/00
MONACO,DONALD HAZELWOOD,MI
13314-006 RM# L--8
1 SPRAY IN NOSTRIL AS
NEEDED FOR MIGRAINE
IMITREX NASAL 1EA
NO REFILLS NO SOONER THAN 05/24/00

G. Lawson, M.D.
Clinical Director

start: stop:

Rx Label

start: stop:

Rx Label

DATE	AM	NOON	PM	HS	AM	NOON	PM	HS	AM	NOON	PM	HS	AM	NOON	PM	HS	AM	NOON	PM	HS
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MONACO, DONALD
IMITREX NASAL
GUM
6389114 AGJ 05/24/00

13314-006
1 EA
NO REFILLS

REG. NO. MAY 2000

INSTITUTION U.S. PENITENTIARY
TERRE HAUTE, INDIANA 47808

BP-S21(60)

MEDICATION PROFILE

FCI, TERMINAL ISLAND

1 RX400088548 02/19/99
ISOMETHEP & DICHLORALPH & ACETAMIN CA #15
LE 0 REFILLS EXPIRES 03/21/99

2

3 0

4

5

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

RX400096630 R. CORNEJO 08/06/99
MONACO,DONALD 13314-006
TAKE 1 TABLET BY MOUTH AT BEDTIME FOR 2 WEEKS
THEN TAKE 2 TABLETS BY MOUTH AT BEDTIME

AMITRIPTYLINE HCL 10 MG TABLET #60
DJK 2 REFILLS EXPIRES 11/04/99

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

RX400096631 R. CORNEJO 08/06/99
MONACO,DONALD 13314-006
TAKE 1 CAPSULE BY MOUTH WITH EACH MEAL

PANCRELIPASE CAPSULES #90
DJK 2 REFILLS EXPIRES 11/04/99

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

RX400096632 R. CORNEJO 08/06/99
MONACO,DONALD 13314-006
TAKE 1 TABLET BY MOUTH EVERY DAY

VITAMINS, MULTIPLE TABLET #30
DJK 2 REFILLS EXPIRES 11/04/99

DOB 07-31-1958
FCI TERMINAL ISLAND 90731

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

RX400096633 R. CORNEJO 08/06/99
MONACO,DONALD 13314-006
TAKE 1 TABLET BY MOUTH TWICE A DAY (EVERY 12
HOURS) AS NEEDED FOR COUGH WITH LOTS OF WATER

GUAIFENESIN/DM SR TABLETS 600/30 #14
DJK 0 REFILLS EXPIRES 09/05/99

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731

RX400102973 Dr. J. [illegible]
MONACO,DONALD
TAKE 2 CAPSULES BY MOUTH AT FIRST SIGN OF
HEADACHE , THEN ONE 1 CAPSULE EVERY FOUR HR
NEEDED - UP TO 2 CAPS/12 HRS **MAY CAUSE
DROWSINESS**
ISOMETHEP & DICHLORALPH & ACETAMIN CA #15
RC 0 REFILLS EXPIRES [illegible]

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

RX400106204 Dr. M. DAG 03/07/00
MONACO,DONALD 13314-006
SPRAY IN NOSTRIL AS NEEDED FOR MIGRAINE--NO
MORE THAN 2X/WEEK

SUMATRIPTAN NASAL SPRAY 20MG #6
RC 2 REFILLS EXPIRES 06/05/00

Medications

start: stop:

Pharmacy Services
FCI TERMINAL ISLAND, CA 90731 310-831-8961

AUG

RX400096630 R. CORNEJO 08/06/99
MONACO,DONALD 13314-006
TAKE 1 TABLET BY MOUTH AT BEDTIME FOR 2 WEEKS
THEN TAKE 2 TABLETS BY MOUTH AT BEDTIME

SEPT

AMITRIPTYLINE HCL 10 MG TABLET #60
DJK 2 REFILLS EXPIRES 11/04/99

IEDICA

start: stop:

Pharmacy Services
CI TERMINAL ISLAND, CA 90731 310-831-8961

OCT

RX400096630 R. CORNEJO R 08/06/99
MONACO,DONALD 1 -006
TAKE 1 TABLET BY MOUTH AT BEDTIME FOR 2 WEEKS
THEN TAKE 2 TABLETS BY MOUTH AT BEDTIME

NOV

AMITRIPTYLINE HCL 10 MG TABLET #60
DJK 1 REFILLS EXPIRES 11/04/99

start: stop:

Rx Label

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

DATE: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

AM
NOON
PM
HS

BP-521(60) JUNE 1993

INSTITUTION

REG. NO.

NAME

Previous editions not usable

USP LVN

MONACO, DONALD 13314-006

BP-S620.060 **PATIENT PROBLEM LIST** CDFRM
AUG 96
U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

PROBLEM LIST

DATE NOTED	SIGNIFICANT DIAGNOSES	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE
1-4-99	Hep C positive, PLFT. (INF Dz CCC)		
2/17/99	H/x Marijuana Headache (Acute CCC)		
	(R) Foot injury / FX 1987.		
	(R) foot surgery		
4-27-99	Minimal hyperopia		
4-28-99	Hx of calcified aortic valve c mild A.I. by echo '92		
	~~Dept Rx~~		
4-29-99	AXIS I: Dep NOS		
	R/o Transvestic Fetishism		
	AXIS II: Def		
	AXIS III: Hepatitis C		
	AXIS IV: moderate		
	AXIS V: SO LAST YR		
8-6-99	Subjective pain (L) shoulder, RO Tot derange		

ADVERSE / ALLERGIC DRUG REACTIONS
(If none, record "No Known Drug Allergies)

1-4-99 PCN

Patient Identification
(Name, Reg #, DOB)

MONACO
DONALD JAMES 13314-006
W/M/O/07-31-1958
HT/507 WT/165 HR/GY EY/BL
CUSTODY/IN

orm may be replicated via WP)

MEDICATION PROFILE

Ord.Date 01/23/03 MONACO, DONALD 13314-006 J. ESPINAL (3)Refills Exp.Date 02/21/03 USE ONE SPRAY AT ONSET OF HEADACHE, DO NOT USE OVER 2 SPRAYS IN ANY 24 HOUR PERIOD OR OVER 8 SPRAYS IN ANY 30 DAY PERIOD Rx # 19938 SUMATRIPTAN NASAL SPRAY 20 MG UD #2	Ord.Date 02/27/03 MONACO, DONALD 13314-006 J. ESPINAL (0)Refills Exp.Date 03/28/03 USE ONE SPRAY AT ONSET OF HEADACHE, DO NOT USE OVER 2 SPRAYS IN ANY 24 HOUR PERIOD OR OVER 8 SPRAYS IN ANY 30 DAY PERIOD Rx # 20608 SUMATRIPTAN NASAL SPRAY 20 MG UD #2	Ord.Date 02/27/03 MONACO, DONALD 13314-006 J. ESPINAL (2)Refills Exp.Date 04/27/03 TAKE TWO TABLETS AT ONSET OF HEADCHE THEN TAKE TWO TABLETS EVERY SIX HOURS AS NEEDED , DO NOT EXCEED TAKING FOR LONGER THAN 72 HOURS IN A ROW Rx # 20609 ASPIRIN, E.C. 325 MG TAB #20
Ord.Date 03/07/03 MONACO, DONALD 13314-006 P. POLZIN (0)Refills Exp.Date 03/16/03 TAKE ONE TABLET EVERY TWELVE HOURS Rx # 20822 GUAIFENESIN/DEXTROMETHORPHAN 600MG/30MG TAB #10	Ord.Date 03/21/03 MONACO, DONALD 13314-006 P. POLZIN (0)Refills Exp.Date 03/26/03 TAKE ONE CAPSULE EVERY FOUR HOURS (FIVE TIMES A DAY) FOR 5 DAYS Rx # 21185 ACYCLOVIR 200 MG CAP #25	Ord.Date 03/21/03 MONACO, DONALD 13314-006 P. POLZIN (0)Refills Exp.Date 04/19/03 TAKE TWO TABLETS FOUR TIMES DAILY AS NEEDED Rx # 21186 ASPIRIN, E.C. 325 MG TAB #40
Ord.Date 05/30/03 MONACO, DONALD 13314-006 B. BARTON (0)Refills Exp.Date 06/06/03 TAKE FOUR CAPSULES (800MG PER DOSE) FIVE TIMES A DAY FOR 7 DAYS Rx # 22930 ACYCLOVIR 200 MG CAP #140		

MONACO, DONALD
13314-006
FPC DULUTH - O01-120L
01/23/2003

HEALTH SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

BP-S619.060 **IMMUNIZATION RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TETANUS TOXOIDS

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
2/23/96	WYETH	4958151	9/00	(R) DELTOID	0.5cc/IM	CMO CANCHEZ	FCI-TERMINAL ISLAND

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
6-8-98						cook Inlet pretrial		0mm	
2-7-00	Connaught	2506-11	5-5-00	(L) FA	0.1cc ID	KAS Imelda Borja, PA-C Physician Assistant	2-9-00	0 mm	Imelda Borja, PA-C Physician Assistant
1-29-01	connaught	2506-11A	5-3-01	(L) FA	0.1cc ID	KRALTUBERCULIN FCI Loretto	2/1/01	0x0mm	JKimmel, EMT
01-22-02	Aventis	C083V16B	12-18-03	L.F.A.	0.1cc/ID	Ultrapro FCI Loretto KCA	1-24-02	0x0 mm	KBR
1-13-03	Aventis	C125Z19A	11-12-04	(L) FA	0.1cc/ID	K.Alford, RN FCI Waseca	1-15-03	0 mm	KBR

Patient Identificat (Name, Reg #)

MONACO
DONALD JAMES 13314-006
W/M/O/07-31-1958
HT/507 WT/165 HR/GY EY/BL
CUSTODY/IN

(This form may be replicated via WP)

MEDICAL RECORD	REPORT OF MEDICAL EXAMINATION	DATE OF EXAM
		1-20-99

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION
MONACO, DONALD	13314-006	N/A

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)	5. EMERGENCY CONTACT (Name and address of contact)
N/A	N/A

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
7-31-5	40	☐ FEMALE ☒ MALE	N/A

10. PLACE OF BIRTH	11. RACE
CA	☒ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE	
		a. MILITARY	b. CIVILIAN
DEPARTMENT OF JUSTICE BUREAU OF PRISONS	N/A	N/A	N/A

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS	15. RATING OR SPECIALTY OF EXAMINER
FEDERAL DETENTION CENTER (FDC) SEATAC 2425 SOUTH 200TH STREET SEATAC, WASHINGTON 98198	N/A
	16. PURPOSE OF EXAMINATION
	INTAKE PHYSICAL EXAMINATION

17. CLINICIAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL	NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP		✓	O. PROSTATE (Over 40 or clinically indicated)	
✓	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		✓	P. TESTICULAR	
			✓	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
✓	C. DRUMS (Perforation)		✓	R. ENDOCRINE SYSTEM	
✓	D. NOSE			S. G-U SYSTEM	
✓	E. SINUSES		✓	T. UPPER EXTREMITIES (Strength, range of motion)	
✓	F. MOUTH AND THROAT			U. FEET	✓
✓	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		✓	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	H. OPHTHALMOSCOPIC		✓	W. SPINE, OTHER MUSCULOSKELETAL	
✓	I. PUPILS (Equality and reaction)		✓	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		✓	Y. SKIN, LYMPHATICS	
✓	K. LUNGS AND CHEST		✓	Z. NEUROLOGIC (Equilibrium tests under item 41)	
✓	L. HEART (Thrust, size, rhythm, sounds)		✓	AA. PSYCHIATRIC (Specify any personality deviation)	
✓	M. VASCULAR SYSTEM (Varicosities, etc.)			BB. BREASTS	
✓	N. ABDOMEN AND VISCERA (Include hernia)			CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

Appendectomy
17/U – 1988 Fx (rt) foot -

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	Restorable Teeth	Non-restorable teeth	Missing Teeth	Replaced by Dentures	Fixed Partial Dentures
Examples	1 2 3 / 32 31 30 — 0 /	1 2 3 / 32 31 30 — X	1 2 3 / 32 31 30 — X X X / X X X	1 2 3 / 32 31 30 — [X]	

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY	1.015	B. CHEST X-RAY OR PPD (Place, date, film number and result)
(2) URINE ALBUMIN	NEG	(4) MICROSCOPIC
(3) URINE SUGAR	neg	PPD: Ø mm 6-8-98

C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS
RPR: None Reactive			CBC:

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6'5½"	196	BROWN	BLUE-GRAY	☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE	96.7

26. BLOOD PRESSURE *(Arm at heart level)*

A. SITTING	SYS. 126 / DIAS. 90	B. RECUMBENT	SYS. / DIAS.	C. STANDING (5 mins.)	SYS. / DIAS.		

27. PULSE *(Arm at heart level)*

A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
56 RR 12				

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION	
(W/ 20/ 25) RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
35. FIELD OF VISION		**36. NIGHT VISION** *(Test used and score)*	**37. RED LENS TEST**	**38. INTRAOCULAR TENSION**
RIGHT	LEFT			RIGHT / LEFT

39. HEARING			40. AUDIOMETER									41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT									
			LEFT									

42. NOTES *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY**

SIGNIFICANT HISTORY:

HOSPITAL (BILAT. FX 3/P 10 YRS c PINS (COMPOUND); HEART PALPITATIONS X 24° S/P 7-8 YRS.
ALLERGY PCN (CHILD) RASH?
MEDICATION MOBIC
FAMILY HISTORY/SOCIAL HISTORY - MIGRAINE (MA'S; HEP B @ AGE 20-
DRUGS, TOBACCO, ALCOHOL NO SMOKING; HEP C + LFTS ↑ X 10 YRS
PSYCH. DENIES MINOR AORTIC CALCIFI-
CATION
DRUG ADDICTION - ETOH, COCAINE
MARIJUANA "H" MX DRUGS X 25 YRS.

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

Healthy male - Hx of Hep-C. B. Allergic to PCN - Currently on Mobic for migraine.

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE *(Check)*

A. ☒ IS QUALIFIED FOR Regular duty / Food service duties.
B. ☐ IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
HANY SIDHOM, PA FDC SEATAC	Hany Sidhom
49. TYPED OR PRINTED NAME OF PHYSICIAN	**SIGNATURE**
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	**SIGNATURE**
E. SPIEGLER M.D. CLINICAL DIRECTOR FDC SEATAC	
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	**SIGNATURE**

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
McNACC DONALD JAMES	13314-006

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
ADMITTANCE	1-22-03	FPC Duluth

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

I'm in fairly good condition except for some of my chronic physical + some psychological issues. (see the dental, medical + psychological history forms)
Imitrex - Asprin - Antibiotic As needed

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
		Attempted suicide — I would say more yes than no
✓		Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
		Wear glasses or contact lenses
		Have vision in both eyes
		Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever	✓			Adverse reaction to serum drug		✓		Epilepsy or fits
		✓	Rheumatic fever possible				or medicine		✓		Car, train, sea or air sickness
✓			Swollen or painful joints	✓			Broken bones			✓	Frequent trouble sleeping
✓			Frequent or severe headache	✓			Tumor, growth, cyst, cancer	✓			Depression or excessive worry
		✓	Dizziness or fainting spells sometimes		✓		Rupture/hernia	✓			Loss of memory or amnesia
✓			Eye trouble during migraines + some other times		✓		Piles or rectal disease	✓			Nervous trouble of any sort
✓			Ear, nose, or throat trouble hearing problems	✓			Frequent or painful urination	✓			Periods of unconsciousness
✓			Hearing loss both ears → see above		✓		Bed wetting since age 12		✓		Have you ever had homosexual contact?
			Chronic or frequent colds		✓		Kidney stone or blood in urine				
✓			Severe tooth or gum trouble		✓		Sugar or albumin in urine		✓		Been exposed to AIDS
	✓		Sinusitis	✓			VD—Syphilis, gonorrhea, etc.	✓			Alcohol Use (Excessive)
			Hay Fever		✓		Recent gain or loss of weight	✓			Drug Use/Addiction
✓			Head injury concussions + drug overdoses	✓			Arthritis, Rheumatism, or Bursitis	✓			Marijuana
✓			Skin diseases herpes chronic			✓	Bone, joint or other deformity	✓			Cocaine
✓			Thyroid trouble one time	✓			Lameness	✓			Heroin
	✓		Tuberculosis		✓		Loss of finger or toe	✓			L.S.D.
	✓		Asthma	✓			Painful or "Trick" shoulder or elbow	✓			Amphetamines
✓			Shortness of breath associated with heart + anxiety			✓	Recurrent back pain	✓			Others: (Specify) tranquilizers, sleeping pills, opiates, ects.
✓			Pain or pressure in chest	✓			"Trick" or locked knee				
✓			Chronic cough when I was drinking + using drugs.	✓			Foot trouble				Alcohol or drug Withdrawal Problems
✓			Palpitation or pounding heart			✓	Neuritis				
✓			Heart trouble		✓		Paralysis (include infantile)				
		✓	High or low blood pressure maybe yrs								
✓			Cramps in your legs								
✓			Frequent indigestion								
✓			Stomach, liver, or intestinal trouble								
		✓	Gall bladder trouble or gallstones								
✓			Jaundice or hepatitis								

10. FEMALES ONLY HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
			ARE YOU PREGNANT
			SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

I'm usually self employed in business

12. ARE YOU (Check one)

☑ Right handed ☐ Left handed

BP-360(60)

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	✓	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		✓	18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	✓	B. Inability to perform certain motions.	✓		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	✓	C. Inability to assume certain positions.			
	✓	D. Other medical reasons *(If yes, give reasons.)*		✓	20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
✓		14. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
	✓	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		✓	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
✓		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
✓		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*		✓	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE) (14) Psychotherapy for anxiety-depression-personality disorder. (16) wisdom tooth extraction + liver biopsy (I have denied these so far) and major surgery on my right foot. (17) Hospitalized for major foot surgery, chronic Migraine attacks + several overdoses, also for chest pain and anxiety attacks, liver disease, enlarged spleen, some heart problems, infections + some severe cut. at several hospitals throughout Alaska (Humana - Providence) California (Doctors - Gould) Washington (Mayo Clinic - University of Washington) Nevada (ST Marys - Century Clinic). (19) Chronic Migraines - heart - liver - anxiety depression - herpes - Dr. Grey FCI Wat

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Donald James Monaco	Donald James Monaco

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ___ TRANSFER ✓ P.V. ___

OTHER ___

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? None

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ___ NO ✓

WHAT ARRANGEMENTS HAVE BEEN MADE? s/c PRN

DUTY STATUS: TEMPORARY WORK ✓ RESTRICTED ___

GENERAL POPULATION ✓ YES ___ NO ___

TYPE AND EXTENT OF LIMITATION ___

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

- 44 y/o Caucasian male
- H/o allergy to Penicillin
- H/o Migraines HA's
- Hep C Reactor
- H/o depression, denies suicidal ideations
- Genital Herpes
- Ø lice seen

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
[illegible] P.A.	1/22/03		

REVERSE

Federal Bureau of Prisons

Departamento de Justicia
Administracion Federal de Prisiones

MEDICAL HISTORY REPORT
REPORTE DE HISTORIA MEDICO

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)
(ESTA INFORMACION SERA SOLAMENTE PARA EL USO OFICIAL Y ES MEDICAMENTE CONFIDENCIAL. NO SERA PUESTA EN LIBERTAD A PERSONAS QUE NO ESTEN AUTORIZADAS)

1. LAST NAME—FIRST NAME—MIDDLE NAME APELLIDO—PRIMER NOMBRE—NOMBRE MEDIANO	2. REGISTER NUMBER NUMERO DE REGISTRO
Navarro DON JAMES	13314-006

3. PURPOSE OF EXAMINATION PROPOSITO DEL EXAMEN	4. DATE OF EXAMINATION FECHA DEL EXAMEN	5. HEALTH SERVICES DEPARTMENT
Intake	5-31-00	HEALTH SERVICES FCI WASECA

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises)
DECLARACION DEL EXAMINADO PRESENTE SU SALUD Y MEDICACIONES CORRIENTEMENTES USADAS: (Enseguida una descripcion de su historia pasada, si alguna queja se levanta)

"Pain"

7. HAVE YOU EVER (Please check each item)
ALGUNA VEZ USTED: (Por favor marque cada articulo)

YES SI	NO NO	(Check each item) (Marque cada articulo)
	✓	Lived with anyone who had tuberculosis Ha vivido con alguna persona que tuvo tuberculosis
	✓	Coughed up blood Tosiendo sangre
	✓	Bled excessively after injury or tooth extraction Sangra excesivamente despues de una herida o extracciones dentales
?		Attempted suicide Ha procurado suicidarse 12 yrs old,- O.D. sleeping pills
✓		Been a sleepwalker Ha sido sonambulo last time 710 yrs

8. DO YOU (Please check each item)
USTED: (Por favor marque cada articulo)

YES SI	NO NO	(Check each item) (Marque cada articulo)
	✓	Wear glasses or contact lenses Usa anteojos o lentes de contacto
✓		Have vision in both eyes Tiene vision en los dos ojos
	✓	Wear a hearing aid Usa algun mecanismo para oir
	✓	Stutter or stammer habitually Tartamudea o habitualmente balbucea
	✓	Wear a brace or back support Usa un aparato ortopedico

HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item.)
USTED ALGUNA VEZ HA TENIDO O TIENE AHORA: (Por favor marque el lado izquierdo de cada articulo)

S	NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
		✓	Scarlet fever Fiebre escarlatina	✓			Adverse reaction to serum drug or medicine			✓	Epilepsy or fits Epilepsia o ataques
		✓	Rheumatic fever Fiebre reumatica				Reaccion adverso con algunas drogas de sera o medicinas			✓	Car, train, sea or air sickness Mareos en el carro, tren, avion o mar
?			Swollen or painful joints Hinchazon o coyunturas dolorosas	✓			Broken bones Huesos quebrados			✓	Frequent trouble sleeping Frequentes problemas para dormir
?			Frequent or severe headache Frequentes o severo dolor de cabeza		✓		Tumor, growth, cyst, cancer Tumor, verrugas, quiste, cancer	✓			Depression or excessive worry Depresion o preocupaciones excesivas
?			Dizziness or fainting spells Mareos o desvanecimientos		✓		Rupture/hernia Ruptura/hernia			✓	Loss of memory or amnesia Perdida de memoria o amnesia
?			Eye trouble Problemas de los ojos		✓		Piles or rectal disease Almorranas o enfermedad rectal	✓			Nervous trouble of any sort Problemas nervosos de cualquier clase
			Ear, nose, or throat trouble Problemas de oido, naruz o garganta	✓			Frequent or painful urination Frequente o dolor al orinar			✓	Periods of unconsciousness Periodos de inconsciencia
			Hearing loss Sordura		✓		Bed wetting since age 12 Orinar la cama desde los 12 anos		✓		Have you ever had homosexual contact? Ha tenido algun contacto homosexual?
✓			Chronic or frequent colds Resfriados frequentes o cronicos		✓		Kidney stone or blood in urine Calculos en el rinon o sangre en la orina	✓			Alcohol use (Excessive) Exceso uso de alcohol
	✓		Paralysis (include infantile) Paralisis (Incluye infantil)		✓		Sugar or albumin in urine Azucar o albumina en la orina	✓			Drug Use/Addiction Uso de drogas/adiccion
✓			Sinusitis Sinusitis	✓			VD—Syphilis, gonorrhea, etc. tx 710 yrs ago Enfermedad venerea, sifilis, gonorrea, etc.	✓			Manjuana Marihuana
✓			Hay Fever Fiebre del heno			✓	Recent gain or loss of weight Reciente perdida o aumento de peso	✓			Cocaine Cocaina
	✓		Head injury Herida en la cabeza	✓			Arthritis, Rheumatism, or Bursitis Artritis, reumatismo o bursitis	✓			Heroin Heroina

(R) Foot since injury

(Continued on page 2)

(Continued from page 1)
(Viene de la pagina 1)

YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
✓			Skin diseases Enfermedades de la piel			✓	Bone, joint or other deformity Huesos, coyuntura o otra deformidades	✓			L.S.D. L.S.D.
✓			Thyroid trouble Problema de la tyroide		✓	✓	Lameness Lisiado	✓			Amphetamines Anfetaminas
	✓		Tuberculosis Tuberculosis		✓		Loss of finger or toe Perdida de un dedo de la mano o pie	✓			Frequent indigestion Indigestion frequentes
	✓		Asthma Asma	✓			Painful or "Trick" shoulder or elbow Doloroso o deslocacion de hombro o codo			✓	Others: (Specify) Algunos otros: (Especifique)
		✓	Shortness of breath Respiracion dificultuosa	✓			Recurrent back pain Repetido dolor de espalda				
✓			Pain or pressure in chest Dolor o presion en el pecho	✓			"Trick" or locked knee Rodillas dolorosas			✓	Alcohol or drug withdrawal problems
✓			Chronic cough Tos cronica	✓			Foot trouble Problemas del pie				Problemas retiradas con alcohol o droga
✓			Palpitation or pounding heart Palpitacion o golpes del corazon			✓	Neuritis Neuritis				
✓			Heart trouble Problemas del corazon			✓	Severe tooth or gum trouble Dolor severo de muelas o problema de encillas				
✓			High or low blood pressure Alta o baja presion de la sangre								
✓			Cramps in your legs Calambres en sus piernas				10. FEMALES ONLY HAVE YOU EVER: SOLAMENTE PARA MUJERES: Usted alguna vez:				
	✓		Been exposed to AIDS? Expuesto a "AIDS" (Sindrome de inmuno-deficiencia adquirido)				Been treated for a female disorder La han tratado por una enfermedad femenina				
✓			Stomach, liver, or intestinal trouble Estomago, Higado o problemas intestinales				Had a change in mensiruat pattern Cambio en la mensiruacion				
	✓		Gall bladder trouble or gallstones Problemas visiculares o calculos biliares				ARE YOU PREGNANT? ESTA EMBARAZADA?				
✓			Jaundice or hepatitis Hepatitis o ictericia (T)				SUSPECT YOU ARE PREGNANT? SOSPECHA ESTAR EMBARAZADA				

11. WHAT IS YOUR USUAL OCCUPATION?
11. USUALMENTE CUAL ES SU OCUPACION?
Business Man

12. ARE YOU (Check one) 12. ES USTED? (Marque una)
☑ Right handed ☐ Left handed ☐ De la mano derecha ☐ De la mano izquierda

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW.
MARQUE CADA ARTICULO SI O NO: CADA ARTICULO MARCADO "SI" TIENE QUE TENER UNA EXPLICACION COMPLETA EN EL ESPACIO QUE ESTA EN BLANCO ABAJO.

YES SI	NO NO		YES SI	NO NO
		13. Have you been refused employment, or been unable to hold a job, or stay in school because of: Alguna vez le han rechazado empleo o no puede sostener un empleo o estar en la escuela por:	✓	18. Have you ever had any illness or injury, other than those already noted? (If yes, specify when, where, and give details.) Alguna vez ha tenido otra enfermedad o heridas ademas de los ya anotadas? (Especifique cuando, donde, y de los detalles.)
		A. Sensitivity to chemicals, dust, sunlight, etc. Sensitividad a quimicas, polvo, luz solar.	✓	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) Usted alguna vez ha consultado o le han tratado por clinicas, medicos, curanderos, o otros profesionales los ultimos 5 anos de otras enfermedades menores? (Indique la direccion completa del doctor, hospital, clinica y los detalles.)
?		B. Inability to perform certain motions. Incapacitado de hacer algun movimiento.		
✓		C. Inability to assume certain positions. Incapacitado de asumir ciertas posiciones		
		D. Other medical reasons (If yes, give reasons.) Otras razones medicinales (Explique las razones.)		20. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejections.) Le han rechazado del servicio miluar por razones fisicas, mentales o por otras razones? (Indique la fecha y razon por el reechazamiento.)
		14. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.) depression Alguna vez le han tratado por una condicion mental? (Especifique cuando, donde, y indique los detalles.)	✓	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.) Le han descartado del servicio miluar por otras razones fisicas o mentales? (Indique la fecha, razon, el tipo de descarte ya sea honorable, ademas de honorable, o por incompetente o inepto.)
✓		15. Have you ever been denied life insurance (If yes, state reason and give details.) Alguna vez le han negado aseguranza de vida? (Especifique la razon y los detalles.)		
		16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) Ha tenido o le han aconsejado tener alguna operacion? (Describa y de su edad cuando esto ocurrio.)	✓	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

EXPLANATION: (#13-22 ABOVE)
EXPLICACION: (#13-22 ARRIBA)

- Hx migraine, uses Imitrex inhaler
- Hep hanklore + Hpatica
- Bilateral hearing loss
- Broke multiple bones in (R) ft. Was 3 years - 1989
- Depression - is having psychotherapy

I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.
Cerufico que he revisado la informacion precedente dada por mi y que es veridica y completa segun mi leal saber y entender. Autorizo cualquiera de los doctores, hospitales, o clinicas arriba mencionadas proporcionarle al Gobierno la transcripcion completa de mi expediente medico.

TYPED OR PRINTED NAME OF EXAMINEE / IMPRESO O ESCRITO A MAQUINA EL NOMBRE DEL EXAMINADO	SIGNATURE / FIRMA
J DON MONACO	Don Monaco

DO NOT WRITE BELOW THIS LINE — NO ESCRIBA ABAJO DE ESTA LINEA

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ___ TRANSFER ✓ P.V. ___

OTHER: ___

Medical staff's comments and observations: Please direct your answers to mental status, potential suicide, appearance, conduct, state or consciousness, rashes, jaundice, bruises and/or marks, sweating, body deformities, etc. Note observations in block 23 below.

If drugs have been used, note type, how long, how much, how often, how used. When were they last used: Have there been any problems since stopping the use of drugs or alcohol?

Does patient need to be seen immediately by the medical staff? YES ___ NO ✓

What arrangements have been made? ___

Duty status: Temporary work ___ Restricted ✓ Pending Med. clearance

General Population ✓ YES ___ NO ___

Type and extent of limitation ___

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

IVDA - Yes - Cocaine Heroine
Hep - C+
Smoke - ☹
Mit - see notes
FMH - both alcoholic father - cardiac hx

Knee, shoulder, back pain, sent to see ortho

- Skin - Herpes simplex
- Thyroid - swelled 1x but went away -
- Cardiac - hx PVC
  Calcified aortic valve
  Was had C.P. & HTN in past.
- chronic indigestion
- Hep C ☹

Allergic - PCN - rash

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
J. ZIMMER, EMT-P	5-31-00	J Zimmer EMTP	

FPI-LOM

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
MONACO DON JAMES	13314-006

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
		U.S. PENITENTIARY TERRE HAUTE, IN 47808

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
✓		Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
		✓	Scarlet fever	✓			Adverse reaction to serum drug		✓		Epilepsy or fits
		✓	Rheumatic fever				or medicine		✓		Car, train, sea or air sickness
✓			Swollen or painful joints	✓			Broken bones		✓		Frequent trouble sleeping
✓			Frequent or severe headache		✓		Tumor, growth, cyst, cancer	✓			Depression or excessive worry
	✓		Dizziness or fainting spells		✓		Rupture/hernia		✓		Loss of memory or amnesia
✓			Eye trouble		✓		Piles or rectal disease	✓			Nervous trouble of any sort
✓			Ear, nose, or throat trouble	✓			Frequent or painful urination		✓		Periods of unconsciousness
✓			Hearing loss		✓		Bed wetting since age 12				Have you ever had
	✓		Chronic or frequent colds		✓		Kidney stone or blood in urine		✓		homosexual contact?
	✓		Severe tooth or gum trouble		✓		Sugar or albumin in urine		✓		Been exposed to AIDS
	✓		Sinusitis	✓			VD—Syphilis, gonorrhea, etc.	✓			Alcohol Use (Excessive)
	✓		Hay Fever	✓			Recent gain or loss of weight	✓			Drug Use/Addiction
	✓		Head injury	✓			Arthritis, Rheumatism, or Bursitis	✓			Marijuana
	✓		Skin diseases		✓		Bone, joint or other deformity	✓			Cocaine
	✓		Thyroid trouble	✓			Lameness	✓			Heroin
	✓		Tuberculosis		✓		Loss of finger or toe	✓			L.S.D.
	✓		Asthma	✓			Painful or "Trick"shoulder or elbow	✓			Amphetamines
	✓		Shortness of breath		✓		Recurrent back pain				Others: (Specify)
	✓		Pain or pressure in chest	✓			"Trick" or locked knee				
	✓		Chronic cough	✓			Foot trouble				Alcohol or drug
✓			Palpitation or pounding heart	✓			Neuritis		✓		Withdrawal Problems
✓			Heart trouble		✓		Paralysis (include infantile)				
	✓		High or low blood pressure								
	✓		Cramps in your legs					10. FEMALES ONLY HAVE YOU EVER			
✓			Frequent indigestion								Been treated for a female disorder
✓			Stomach, liver, or intestinal trouble								Had a change in menstrual pattern
	✓		Gall bladder trouble or gallstones								ARE YOU PREGNANT
✓			Jaundice or hepatitis								SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)
☑ Right handed ☐ Left handed

BP-360(60)

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	✓	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		✓	18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
✓		B. Inability to perform certain motions.		✓	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
✓		C. Inability to assume certain positions.			
	✓	D. Other medical reasons *(If yes, give reasons.)*		✓	20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
✓		14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
	✓	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		✓	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
✓		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
✓		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*		✓	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE)

* severed right Foot in half (compound fibula)
* Hepatitus C chronic Liver Condition
* chronic migraines

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
	Don Monaco

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ____ P.V. ____

OTHER ____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? ____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ____

WHAT ARRANGEMENTS HAVE BEEN MADE? ____

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED ____

GENERAL POPULATION ____ YES ____ NO ____

TYPE AND EXTENT OF LIMITATION ____

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
D.B. FARRIS, RN	5-24-00		

REVERSE

MONACO
DONALD JAMES 13314-006
W/M/07-31-1958
HT/507 WT/165 HR/GY EY/BL
CUSTODY/IN

MEDICAL HISTORY REPORT
REPORTE DE HISTORIA MEDICO

AND MEDICALLY CONFIDENTIAL USE ONLY
:D TO UNAUTHORIZED PERSONS)
:L USO OFICIAL Y ES MEDICAMENTE CONFIDENCIAL.
ERSONAS QUE NO ESTEN AUTORIZADAS)

1. LAST NAME—FIRST NAME—MIDDLE NAME APELLIDO—PRIMER NOMBRE—NOMBRE MEDIANO	2. REGISTER NUMBER NUMERO DE REGISTRO
MONACO DON JAMES	13314-006

3. PURPOSE OF EXAMINATION PROPOSITO DEL EXAMEN	4. DATE OF EXAMINATION FECHA DEL EXAMEN	5. EXAMINING FACILITY FACILIDAD DEL EXAMEN
Intake Screening	2-18-99	MEDICAL RECORDS DEPT FCI TERMINAL ISLAND, CA 90731

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises)
DECLARACION DEL EXAMINADO PRESENTE SU SALUD Y MEDICACIONES CORRIENTEMENTES USADAS: (Enseguida una descripcion de su historia pasada, si alguna queja se levanta)

DOB 7-31-58

7. HAVE YOU EVER (Please check each item)
ALGUNA VEZ USTED: (Por favor marque cada articulo)

YES SI	NO NO	(Check each item) (Marque cada articulo)
	✓	Lived with anyone who had tuberculosis Ha vivido con alguna persona que tuvo tuberculosis
	✓	Coughed up blood Tosiendo sangre
	✓	Bled excessively after injury or tooth extraction Sengra excesivamente despues de una herida o extracciones dentales
	✓	Attempted suicide Ha procurado suicidarse
✓		Been a sleepwalker Ha sido sonambulo

8. DO YOU (Please check each item)
USTED: (Por favor marque cada articulo)

YES SI	NO NO	(Check each item) (Marque cada articulo)
	✓	Wear glasses or contact lenses Usa anteojos o lentes de contacto
✓		Have vision in both eyes Tiene vision en los dos ojos
	✓	Wear a hearing aid Usa algun mecanismo para oir
	✓	Stutter or stammer habitually Tartamudea o habitualmente balbucea
	✓	Wear a brace or back support Usa un aparato ortopedico

9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item.)
USTED ALGUNA VEZ HA TENIDO O TIENE AHORA: (Por favor marque el lado izquierdo de cada articulo)

YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
		✓	Scarlet fever Fiebre escarlatina
		✓	Rheumatic fever Fiebre reumatica
✓			Swollen or painful joints Tendonitis Hinchazon o coyunturas dolorosas
✓			Frequent or severe headaches Migraine Frequentes o severo dolor de cabeza
	✓		Dizziness or fainting spell Mareos o desvanecimientos
		✓	Eye trouble Problemas de los ojos
✓			Ear, nose, or throat trouble hearing Problemas de oido, nariz o garganta
✓			Hearing loss Bilateral Sordura
	✓		Chronic or frequent colds Resfriados frequentes o cronicos
	✓		Paralysis (include infantile) Paralisis (Incluye infantil)
		✓	Sinusitis Sinusitis
		✓	Hay Fever Fiebre del heno
	✓		Head injury Herida en la cabeza

YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
✓			Adverse reaction to serum drug or medicine PCN Reaccion adverso con algunas drogas de sera o medicinas
		✓	Broken bones (R) foot Huesos quebrados
		✓	Tumor, growth, cyst, cancer Tumor, verrugas, quiste, cancer
		✓	Rupture/hernia Ruptura/hernia
		✓	Piles or rectal disease Almorranas o enfermedad rectal
	✓		Frequent or painful urination Frequente o dolor al orinar
		✓	Bed wetting since age 12 Orinar la cama desde los 12 anos
		✓	Kidney stone or blood in urine Calculos en el rinon o sangre en la orina
✓			Sugar or albumin in urine Azucar o albumina en la orina
✓			VD—Syphilis, gonorrhea, etc. Enfermedad venerea, sifilis, gonorrea, etc.
✓			Recent gain or loss of weight Reciente perdida o aumento de peso
✓			Arthritis, Rheumatism, or Bursitis Artritis, reumatismo o bursitis

YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
	✓		Epilepsy or fits Epilepsia o ataques
	✓		Car, train, sea or air sickness Mareos en el carro, tren, avion o mar
		✓	Frequent trouble sleeping Frequentes problemas para dormir
		✓	Depression or excessive worry Depresion o preocupaciones excesivas
	✓		Loss of memory or amnesia Perdida de memoria o amnesia
	✓		Nervous trouble of any sort Problemas nerviosos de cualquier clase
	✓		Periods of unconsciousness Periodos de inconsciencia
	✓		Have you ever had homosexual contact? Ha tenido algun contacto homosexual?
✓			Alcohol use (Excessive) Exceso uso de alcohol
✓			Drug Use/Addiction Uso de drogas/adiccion
✓			Marijuana Marihuana
✓			Cocaine Cocaina
✓			Heroin Heroina

(Continued on page 2)
(Sigue a la pagina 2)

(Continued from page 1)
(Biene de la pagina 1)

YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)	YES SI	NO NO	DON'T KNOW NO SE	(Check each item) (Marque cada articulo)
		✓	Skin diseases Enfermedades de la piel		✓		Bone, joint or other deformity Huesos, coyuntura o otra deformidades	✓			I.S.D. I.S.D.
	✓		Thyroid trouble Problema de la tyroide	✓			Lameness Lisiado	✓			Amphetamines Anfetaminas
	✓		Tuberculosis Tuberculosis		✓		Loss of finger or toe Perdida de un dedo de la mano o pie	✓			Frequent indigestion Indigestion frequentes
	✓		Asthma Asma		✓		Painful or "Trick" shoulder or elbow (L) Doloroso o deslocacion de hombro o codo			✓	Others: (Specify) Algunos otros: (Especifique)
	✓		Shortness of breath Respiracion dificultuosa	Pericarditis	✓		Recurrent back pain Reperido dolor de espalda				
✓			Pain or pressure in chest Dolor o presion en el pecho		✓		"Trick" or locked knee (R) Rodillas dolorosas			✓	Alcohol or drug withdrawal problems Problemas retiradas con alcohol o droga
	✓		Chronic cough Tos cronica		✓		Foot trouble (R) Problemas del pie				
✓			Palpitation or pounding heart Palpitacion o golpes del corazon	Aortic Valve Insuff.		✓	Neuritis Neuritis				
✓			Heart trouble Problemas del corazon			✓	Severe tooth or gum trouble Dolor severo de muelas o problema de encillas				
	✓		High or low blood pressure Alta o baja presion de la sangre								
	✓		Cramps in your legs Calambres en sus piernas				10. FEMALES ONLY HAVE YOU EVER: SOLAMENTE PARA MUJERES: Usted alguna vez:				
	✓		Been exposed to AIDS? Expuesto a "AIDS" (Sindrome de inmuno-deficiencia adquirido)								Been treated for a female disorder Ha han tratado por uña enfermedad femenina
✓			Stomach, liver, or intestinal trouble Estomago, Higado o problemas intestinales	Hepatitis C							Had a change in menstrual pattern Cambio en la menstruacion
	✓		Gall bladder trouble or gallstones Problemas visiculares o calculos biliarios								ARE YOU PREGNANT? ESTA EMBARAZADA?
✓			Jaundice or hepatitis Hepatitis o ictericia	Hep. C							SUSPECT YOU ARE PREGNANT? SOSPECHA ESTAR EMBARAZADA?

11. WHAT IS YOUR USUAL OCCUPATION?
USUALMENTE CUAL ES SU OCUPACION?
Self Employed Business

12. ARE YOU (Check one) 12. ES USTED? (Marque una)
☑ Right handed ☐ Left handed ☐ De la mano derecha ☐ De la mano izquierda

CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW.
MARQUE CADA ARTICULO SI O NO: CADA ARTICULO MARCADO "SI" TIENE QUE TENER UNA EXPLICACION COMPLETA EN EL ESPACIO QUE ESTA EN BLANCO ABAJO.

YES SI	NO NO		YES SI	NO NO	
	✓	13. Have you been refused employment, or been unable to hold a job, or stay in school because of: Alguna vez le han rechazado empleo o no puede sostener un empleo o estar en la escuela por:		✓	18. Have you ever had any illness or injury, other than those already noted? (If yes, specify when, where, and give details.) Alguna vez ha tenido otra enfermedad o heridas ademas de los ya anotadas? (Especifique cuando, donde, y de los detalles.)
	✓	A. Sensitivity to chemicals, dust, sunlight, etc. Sensitividad a quimicas, polvo, luz solar.	✓		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) Usted alguna vez ha consultado o le han tratado por clinicas, medicos, curanderos, o otros profesionales los ultimos 5 anos de otras enfermedades menores? (Indique la direccion completa del doctor, hospital, clinica y los detalles.)
	✓	B. Inability to perform certain motions. Incapacitado de hacer algun movimiento.			
	✓	C. Inability to assume certain positions. Incapacitado de asumir ciertas posiciones.			
	✓	D. Other medical reasons (If yes, give reasons.) Otras razones medicinales (Explique las razones.)			
	✓	14. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.) Alguna vez le han tratado por una condicion mental? (Especifique cuando, donde, y indique los detalles.)		✓	20. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejections.) Le han rechazado del servicio militar por razones fisicas, mentales o por otras razones? (Indique la fecha y razon por el rechazamiento.)
	✓	15. Have you ever been denied life insurance? (If yes, state reason and give details.) Alguna vez le han negado aseguranza de vida? (Especifique la razon y los detalles.)		✓	21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.) Le han descartado del servicio militar por otras razones fisicas o mentales? (Indique la fecha, razon, el tipo de descarte ya sea honorable, ademas de honorable, o por incompetente o inepto.)
	✓	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) Ha tenido o le han aconsejado tener alguna operacion? (Describa y de su edad cuando esto ocurrio.)		✓	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.) Alguna vez ha recibido o hay pendiente, o ha aplicado por pension o compensacion por una incapacidad existente? (Especifique la clase, otorgado por cual persona, la suma, cuando y porque razon.)
✓		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor, and complete address of hospital.) Ha sido alguna vez paciente en cualquier tipo de hospital? (Especifique cuando, donde, porque, y el nombre del doctor y direccion completa del hospital.)			

AIDS RELATED SYNDROME QUESTIONAIRE

Inmates name: Monaco, Don Number: 13314-006 Date: 2-18-99 Interviewer: [illegible]

DIRECTIONS: This form is to be filled out on each newly admitted inmate. It is also to be used at sick call when the health care provider suspects the possibility of AIDS

ASK ALL QUESTIONS VERBATIM

During the last month, have you had any of the following problems or symptoms? Circle answer in colum "A"	"A"	For each "YES", ask for information in columns B and C.	"B" & "C"	
PROBLEM OR SYMPTOM	HAD IN LAST MONTH NO / YES	WHEN BEGAN MONTH/YEAR	HAVE NOW NO / YES	
1. persistent shortness of breath for at least two weeks	(NO) YES	____19__	NO	YES
2. A new or unusual kind of dry cough that lasted 2 weeks or longer	(NO) YES	____19__	NO	YES
3. Thrush, candida or white patches in your mouth or throat for at least 2 weeks	(NO) YES	____19__	NO	YES
4. An unintentional weight loss of at least 10 pounds unrelated to dieting	(NO) YES	____19__	NO	YES
5. Diarrhea for at least 2 weeks	(NO) YES	____19__	NO	YES
6. Persistent or recurring fever higher than 100 F. for at leasr 2 weeks	(NO) YES	____19__	NO	YES
7. Tender or enlarged glands or lymph nodes(not counting your groin)for at least 2 weeks	(NO) YES	____19__	NO	YES
8. Sweating at noght for at leasst 2 weeks	(NO) YES	____19__	NO	YES

INSTITUCION FCI, TERMINAL ISLAND

CIDA (AIDS) QUESTIONARIO

Nombre del recluso: _____ Numero _____ Fecha _____ Interviewer _____

INSTRUCCIONES: Este formulario debe completarse en todo nuevo recluso que es admitido en la institución. Es también para usarse cuando el Departamento de salud que provee atención medica sospecha la posibilidad de CIDA(AIDS).

PREGUNTE TODAS LAS PREGUNTAS PALABRA POR PALABRA

En éste último mes, usted tuvo uno de los siguientes problemas o sintomas?

A. Usted tuvo alguno de estos sintomas éste último mes?

POR CADA PREGUNTA CONTESTADA "SI", PREGUNTE B Y C:

B. Cuando empezo?

C. Usted aun tiene eso?

PROBLEMA O SINTOMA	A. TUVO EN ESTE ULTIMO MES NO / SI	B. CUANDO EMPEZO MES AÑO	C. TIENE AHORA NO / SI
1. Persistente corto de resuello por las últimas dos semanas	NO SI	____19__	NO SI
2. Nueva o inusual especie de tos seca que duro por las últimas dos semanas o más	NO SI	____19__	NO SI
3. Tordo, o manchas blancas en su boca o garganta por las últimas dos semanas	NO SI	____19__	NO SI
4. Una perdida de peso sin intensión de por lo menos 10 pounds(sin relacionarse con una dieta)	NO SI	____19__	NO SI
5. Diarrea por las últimas dos semanas.	NO SI	____19__	NO SI
6. Persistente o volvar a presentarse fiebre alta más de 100° F. por las últimas dos semanas	NO SI	____19__	NO SI
7. Dolor o agrandamiento de las glandulas o bulto(sin contar su ingle) por las últimas dos semanas	NO SI	____19__	NO SI
8. Traspirar durante la noche por las últimas dos semanas	NO SI	____19__	NO SI

EXPLANATION: (#13-22 ABOVE)
EXPLICACION: (#13-22 ARRIBA)

Hospitalized in 1988 AT Humana - Providence Hospitals in Anchorage Alaska For A seudred right Foot - DR Horton Dr. Bunsen, DR. Manual. I was 30 years of IN 1994 I was diagnosed with Hepitites C or was Treated AT The Century (DR Wo Clinic in Reno Nevada and I was A patient AT University of Washington Mayo Clinic under DR. Carithers Chief Hepatologist.

I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.
Certifico que he revisado la informacion precedente dada por mi y que es veridica y completa segun mi leal saber y entender. Autorizo cualquiera de los doctores, hospitales, o clinicas arriba mencionadas proporcionarle al Gobierno la transcripcion completa de mi expediente medico.

TYPED OR PRINTED NAME OF EXAMINEE IMPRESO O ESCRITO A MAQUINA EL NOMBRE DEL EXAMINADO	SIGNATURE FIRMA
DON MONACO	DON MONACO

DO NOT WRITE BELOW THIS LINE — NO ESCRIBA ABAJO DE ESTA LINEA

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ___ TRANSFER ✓ P.V. ___

OTHER: ___

Medical staff's comments and observations: Please direct your answers to mental status, potential suicide, appearance, conduct, state or consciousness, rashes, jaundice, bruises and/or marks, sweating, body deformities, etc. Note observations in block 23 below.

If drugs have been used, note type, how long, how much, how often, how used. When were they last used: Have there been any problems since stopping the use of drugs or alcohol?

Does patient need to be seen immediately by the medical staff? YES ___ NO ✓ Refer to sick call

What arrangements have been made? Unassigned until medically clear

Duty status: Temporary work ___ Restricted ___

General Population ___ YES ___ NO ___

Type and extent of limitation ___

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Allergies: Penicillin
Social Hx: non-smoker; (+) ETOH, (+) IVDA
Chronic Illnesses: Hepatitic C
Surgical Hx: 0
Current Medications: 0

No lic

Refer to S/C + CCC

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
MARIVEL S. LAROZA, PA	2-18-99	MLaroza, PA	

FCI, TERMINAL ISLAND

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
MANIACO DON JAMES	13314-086

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
INTAKE SCREENING	1-4-9	FDC. SEATAC HEALTH SERVICES

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

IM IN GOOD HEALTH except I have some periodic heart papilTATIONS. I ALSO have hep. C + elevated liver enzyme My Blood WAS just TAKEN LAST Week AGAIN but I didn't see the results yet.

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
✓		Been a sleepwalker WHEN I WAS A YOUNG BOY

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever	✓			Adverse reaction to serum drug		✓		Epilepsy or fits
		✓	Rheumatic fever				or medicine PENICILLAN		✓		Car, train, sea or air sickness
✓			Swollen or painful joints SOMETIMES	✓			Broken bones RIGHT FOOT		✓		Frequent trouble sleeping
✓			Frequent or severe headache MIGHT SOMETIMES		✓		Tumor, growth, cyst, cancer			✓	Depression or excessive worry
	✓		Dizziness or fainting spells		✓		Rupture/hernia		✓		Loss of memory or amnesia
	✓		Eye trouble ONLY WHEN I GET MIGRAINE		✓		Piles or rectal disease		✓		Nervous trouble of any sort
	✓		Ear, nose, or throat trouble		✓		Frequent or painful urination		✓		Periods of unconsciousness
✓			Hearing loss CERTAIN FREQUENCIES		✓		~~Bed wetting~~ since age 12		✓		Have you ever had homosexual contact?
	✓		Chronic or frequent colds		✓		Kidney stone or blood in urine				
	✓		Severe tooth or gum trouble		✓		Sugar or albumin in urine		✓		Been exposed to AIDS
	✓		Sinusitis	✓	frequent		VD—Syphilis, gonorrhea, etc.	✓			Alcohol Use (Excessive)
	✓		Hay Fever		✓		Recent gain or loss of weight	✓			Drug Use/Addiction
	✓		Head injury		✓		Arthritis, Rheumatism, or Bursitis	✓			Marijuana
	✓		Skin diseases		✓		Bone, joint or other deformity	✓			Cocaine
	✓		Thyroid trouble		✓		Lameness	✓			Heroin
	✓		Tuberculosis		✓		Loss of finger or toe	✓			L.S.D.
	✓		Asthma	✓			Painful or "Trick" shoulder or elbow	✓			Amphetamines
		✓	Shortness of breath		✓		Recurrent back pain	✓			Others: (Specify) MESCALINE
	✓		Pain or pressure in chest	✓			"Trick" or locked knee RIGHT				MUSHROOMS
		✓	Chronic cough	✓			Foot trouble RIGHT				Alcohol or drug
✓	Ø	meds	Palpitation or pounding heart		✓		Neuritis		✓		Withdrawal Problems
		✓	Heart trouble		✓		Paralysis (include infantile)				
	✓		High or low blood pressure								
	✓		Cramps in your legs					10. FEMALES ONLY HAVE YOU EVER			
✓		Sweats	Frequent indigestion								Been treated for a female disorder
✓			Stomach, liver, or intestinal trouble								Had a change in menstrual pattern
	✓		Gall bladder trouble or gallstones								ARE YOU PREGNANT
✓			Jaundice or hepatitis C HAD B								SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?
Self Employed Bus. Technical Glass CONSTRUCTION

12. ARE YOU (Check one)
☑ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	✓	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.			18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	✓	B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	✓	C. Inability to assume certain positions.			
	✓	D. Other medical reasons *(If yes, give reasons.)*			20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	✓	14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
	✓	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*			21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
✓		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
✓		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE)

16) I had emergency surgery on my right Foot, I was told I needed to have My wisdom Teeth removed years ago but never did. (88-89)

17) Seen on my Right Foot in 88 or 89 at Humana Hospital Anchorage AK. DR. Horton Or Brown Dr. moved to providence Hospital Anchorage, AK. Dr. Manuel

Patient at University of Wash. Medical Center For Liver & Blood Testing Dr. Carithers.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
DON MONACO	Don Monaco

INTAKE SCREENING: New Commit

INMATE RECEIVED FROM: COURT ___ TRANSFER ___ P.V. ___

OTHER ___

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? Yes in past from IVDA & currently

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ___ NO X

WHAT ARRANGEMENTS HAVE BEEN MADE? NA

DUTY STATUS: TEMPORARY WORK ___ RESTRICTED ___

GENERAL POPULATION X YES ___ NO ___

TYPE AND EXTENT OF LIMITATION to be determined

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

40 yr old white male with (hep C Positive by hx) but no other current problems except occasional migraines he is advised to seek sick call for

QUALITY ASSURANCE BY E. SPE... JAN 1999 RECEIVED

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
D. PEDERSEN REGISTERED NURSE	1-4-99	D. Pedersen RN	

REVERSE

BP-S354.060 **INTAKE SCREENI** **(MEDICAL)** CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
[illegible]	1.22.03	[illegible]

Inmate's Name	Register Number
MONARO, Donald	13314-016

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
Unit or Food Service

4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☐ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
[signature]	1.22.03	[illegible]

Medical Staff Title
John Espinal P.A.

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
[redacted]	5-31-00	1100

Inmate's Name	Register Number
MONACO, DONALD	

13314-006

M E D I C A L C L E A R A N C E

DOB 1. ~~BP-148(60)~~ reviewed? ☑ yes; ☐ no (Explain)

FCI WASECA, MN

2. General Population Housing Approved? ☑ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☑ no (Specify limitations or exclusions) Pending Med clearance

4. For Holdovers: OK for Continued Transport? ☑ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
J. Zimmer EMTP	5-31-00	1345

Medical Staff Title
J. ZIMMER, EMT-P

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP-THA	5/24/00	1100

Inmate's Name	Register Number
Monaco, Donald	13314-006

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? XX yes; ☐ no (Explain)

2. General Population Housing Approved? XX yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; XX no (Specify limitations or exclusions)
   NOT UNTIL MEDICALLY CLEARED

4. For Holdovers: OK for Continued Transport? XX yes; ☐ no (Explain)

5. Disabilities? ☐ yes XX no (If yes, enter code(s) into MDS)
   Code(s)

6. Remarks:
   PPD- 2-7-00 ✓ MEDICAL C/O'S-NONE/
   LICE-NONE/
   SUICIDAL THOUGHTS-NONE/ MEDICATIONS-NONE/SEE 600 ALLERGIES-NKDA/ PCN

Medical Staff Signature	Date	Time
RN	5/24/00	1130

Medical Staff Title
C. MCCOY R.N. D. FARRIS R.N.

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	D
Inmate's Name	MONACO DONALD 13314-006 W/M/O/07-31-1958 HT/507 WT/165 HR/GY EY/BL CUSTODY/IN

M E D I C

1. BP-149(60) reviewed? ☐ yes;

2. General Population Housing Approved? ☐ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☑ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☑ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date MAY 12 2000	Time 1900
Medical Staff Title Brian Cronenwett, LT. Registered Nurse Federal Transfer Center, OKC, OK		

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival 2-18-99	Time of Arrival
Inmate's Name	Register Number	

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☐ no (Specify limitations or exclusions)
Cleared until Medically cleared

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☐ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks: H/o, depression meds, & history of [illegible] PCN

Medical Staff Signature	Date 2-18-99	Time [illegible]

Medical Staff Title MARIVEL S. LAROZA, PA

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

MONACO, DONALD
13314-006
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

2C

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
FDC Seatac	1-4-99	1500

Inmate's Name	Register Number
Monaco Donald	13314-006

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☐ yes; ☒ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☒ no (Specify limitations or exclusions) until cleared medically

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
D Pedersen RN	1-4-99	1500

Medical Staff Title

D. PEDERSEN
REGISTERED NURSE
FDC - SEATAC

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

Printed on Recycled Paper

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Dr Wilson	Judy Siems Peterson, MA	5/3/01

REASON FOR REQUEST (Complaints and findings)

Inmate considering taking medication. Please evaluate and discuss options (if any) with Mr. Monaco.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Diagnosis: Anxiety Disorder NOS - r/o C.D.
r/o Panic Disorder.

S: Was referred by Ms. Peterson for consideration of medication. Reluctant to take Zoloft because he was given Zoloft by an "uncaring physician."
"I used medicine to "escape from my reality." Specifically wants Xanax.
Recently took dry heaving dramamine & got relief from mild insomnia. Recently quite focused on chest pain - worried about heart disease ("I used to check into the hospital quite a bit" - past atypical chest pain)

N.B. ⟹

O: Palms sweaty, seems anxious

A: Needs trial of low dose SSRI - not benzodiazepine

P: Schedule follow-up if changes mind about SSRI. No benzodiazepines!

(Continued on reverse side)

SIGNATURE AND TITLE	DATE
Joseph R Wilson MD J.R. WILSON PSYCHIATRIST	5/15/01

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO

PT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Monaco, Donald
13314-006

HEALTH SERVICES
FCI WASECA

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR(41CFR) 201-45.505
513-108

5/15/01

☆ U.S. GOVERMENT PRINTING OFFICE: 1985-461-272

PSYCHIATRIC CONSULTATION

REQUEST

To:	From:	Date of Request:
Dr. Clyde Olson	Dr. Bruce Barton	03-12-03

Reason for Request:

Psychiatric Consultation 03-12-03

Primary Diagnosis:

SEE BELOW

CONSULTATION

Monaco, Don #13314-006. This is a 44-year-old (07-31-58) single male seen at the request of Dr. Bruce Barton. He is seen for a variety of problems upon transfer some 8 weeks ago from the Waseca facility.

His psychological problems consist of a gender identity problem, which descriptive and when history is taken, appears to be transvestitism; a history of personality disorder; history of adjustment reaction with depressed mood, panic and anxiety; and history of clear substance abuse with heroin and cocaine addiction.

He indicates his last usage was six years ago with incarceration, but has a long history of opiate abuse. At the present time, he has laundry list of concerns about the facility concerning inability to get soft shoes, accommodations for work place, difficulty with feeling he is victimized by the other inmates at this facility, which apparently has been an ongoing theme.

He has seen a psychiatrist in the past and has had medication trials, but prefers not to have any medications, other than perhaps alprazolam, which he thought really helped and certainly the Imitrex, which he feels he needs in spray, and not oral form. Dr. Bruce Barton's notes are read with interest, as well as the notes of Dr. Wilson from the Waseca facility.

Diagnosis: (From Waseca)	Axis I:	gender dysphoric disorder, anxiety disorder
	Axis II:	personality disorder with narcissistic traits
	Axis III:	Hep C, migraine headaches, history of a motor vehicle accident, with multiple surgical procedures on his right foot
	Axis IV:	severe
	Axis V:	current GAF 50

Past medical history is otherwise unremarkable, other than as noted in present illness.

Family history - father is 65. Both he and his father had coronary artery disease. He has had a coronary artery bypass with two vessels involved. Mother has rheumatoid arthritis and apparently some valvular disease. He indicates that he has valvular disease, although this is not clearly well documented. He has asister, three years older, who suffers from depression.

Clearly, he is a highly narcissistic entitled man who appears to use a variety of ways of clouding the issues of his gender dysphoria or transvestitism, and his various medical problems.

Our Diagnosis:

Axis I: Clear personality problems and no clear or major psychiatric disorders, other than those of chemical dependency of heroin and cocaine usage, transvestitism, which is somewhat egodistonic, probably also fits the diagnosis of adjustment reaction with depressed mood.
Axis II: personality disorder with avoidant narcissistic features
Axis III: as previously documented
Axis IV: severe
Axis V: Current GAF 40

Plan is to withhold psychiatric medication. He is going to clearly be a difficult person because of his highly manipulativeness and feelings of victimization, as well as his litiginess quality.

PSYCHIATRIST SIGNATURE AND TITLE: CLYDE R. OLSON, M.D. CROlson	DATE: 4/23/03

PATIENTS IDENTIFICATION

End Dictation Monaco, Don #13314-006

HEALTH SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

3/17/03

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: Dr. Wilson, Psychiatry

FROM: *(Requesting physician or activity)*

DATE OF REQUEST: 9/8/00

FOR REQUEST *(Complaints and findings)*

Inmate being considered for Hepatitis C Therapy with Interferon A/Ribavirin. Has history of Depression — Do you feel he would be appropriate for this therapy?

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL

☒ ROUTINE ☐ 72 HOURS ☐ TODAY ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

9/27/00 Not seen - reschedule.

Diagnosis: Cyclothymic Disorder
History of Anxiety Disorder NOS.

Rec: Cautious consideration of Interferon if clinically indicated. Psychotherapy. No meds. No follow-up recommended

(Continue on reverse side)

SIGNATURE AND TITLE: Joseph R Wilson MD
J.R. WILSON
PSYCHIATRIST

DATE: 10/17/00

HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR | SPONSOR'S NAME *(Last, first, middle)* | SPONSOR'S ID NUMBER *(SSN or Other)*

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)* | REGISTER NO. | WARD NO.

MONACO, DONALD
13314-006
DOB 07-31-1958

CONSULTATION SHEET
Medical Record
STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

HEALTH SERVICES
FCI WASECA

9/27/00

FCI WASECA PSYCHIATRIC CONSULT

DATE: October 17, 2000

NAME: Monaco, Donald #13314-006

SOURCE OF INFORMATION: Interview of patient and review of medical record. Patient was interviewed in the presence of a psychology intern, with his permission.

HISTORY OF PRESENT ILLNESS: This was my first psychiatric evaluation for this 42 year-old single Caucasian man who has worked as a self employed businessman and is in prison for at least seven years for "drug related charges" including having procession of a weapon. He was arrested in 1997 and was initially released. He was then imprisoned after a relapse and overturning of his release in 1998.

I am asked to see him regarding the potential complication of depression and anxiety when he might take Interferon for Hepatitis C. His liver enzymes have been in a border line elevated state. We had a lengthily discussion of the potential for depression associated with the use of Interferon.

He reports that he had anxiety and depression when he developed Hepatitis C in the early 1990's. He was treated with Xanax. He had been given some Zoloft but discontinued it after one day. He said that he had "an adverse reaction" that resulted in hospitalization. He has also had past panic attacks with no agoraphobia.

He does not give a past history of psychiatric hospitalizations. He has not recently been on antidepressant medications and resisted an effort to have him take amitriptyline (Evail) for migraine headaches because he does not want to be "on antidepressant medications."

He relates a lot of his anxiety and dysphoria to various life circumstances. He is especially concerned about feeling like he was unjustly convicted and he has been very dissatisfied with circumstances in the prison, including were he has his bunk.

PSYCHOSOCIAL HISTORY: He was raised by his mother and father in Modesto, California. He has an Associate of Arts degree from a junior college in business. He has never been married and has no children. He has some success in his business.

PAST MEDICAL HISTORY: He previously had Hepatitis B. He now has Hepatitis C. He has chronic migraine headaches. He has an aortic valve calcification with mild aortic insufficiency. Medical record also indicates some orthopedic problems.

MEDICATIONS: He has been given hydroxyzine 25 mg at bedtime as needed for insomnia. He has sumatriptan 20 mg nasal spray for migraine headaches.

FAMILY HISTORY: His mother and sister may have had periods of treatment with antidepressant medications.

11/8/00

HABITS: He describes himself as "multi-drug dependant" for twenty-five years. Though he indicated that he has been through treatment in 1997 (Salvation Army) and that he had a "relapse." He later suggested that he did not think that drugs should be illegal and he thought they "enhanced (his) life."

MENTAL STATUS EXAMINATION: He is alert and fully oriented. Appropriately dressed and reasonably well groomed. He had long hair which was in a braid. He was pleasant, polite, but somewhat argumentative. He had a air of having a lot of expertise and mentioned some experts in the field of Gender Dysphoric Disorder and wanted to know if I had read their books or was familiar with their research. He later seemed to be accepting of my open admission that I am not an expert on this field. His mood appeared to be mildly euthymic.. Affect was broad range but appropriate to his expressed thoughts. Thought process, form, and content were normal. There were no perceptual disturbances. His cognition was not grossly impaired. His intelligence appeared to be above average. Fund of information seemed to be consistent with his level of education and two years of college. Language was intact. Immediate, recent, remote memory were intact. Insight was fair regarding his Gender Dysphoric Disorder, though somewhat more limited regarding his charter pathology. He expressed some gratitude for my pointing out some of his self-centeredness, and argumentativeness. Impulse control and practical judgement were not observably impaired. There was no suicidal or homicidal ideation .

FORMULATION: This man has very minimal elevation of his liver enzymes and I am not sure he is really a candidate for interferon. If he does take the interferon, he should be monitored carefully for any evidence of emergence of depression and anxiety. My opinion is that he is less likely to have anxiety and depression if he is having a treatment that is likely to help relieve his potential problem with hepatitis, than if it is denied. I don't think that treatment with interferon is completely contraindicated, though it has been associated with depression. He is quite negative about using antidepressant medication, and that might complicate any possible emergence of depression. He does seem satisfied that he is receiving psychotherapy from an intern in the department of Psychology at this facility. I told him that he should have limited expectation that psychotherapy is going to result in a change in his desire to be a woman (he appeared to have a full understanding of that.) I also told him that I was not sure that psychotherapy would have a major impact on the dysphoria that is associated with having to live as a man in prison.

DIAGNOSIS:

AXIS I:	Gender Dysphoric Disorder Anxiety Disorder NOS (apparently in remission)
AXIS II:	Personality Disorder NOS with narcissistic traits
AXIS III:	Hepatitis C; migraine headaches
AXIS IV:	Psychosocial stressors moderate to server (Legal, housing, intrapersonnel)
AXIS V:	Current GAF 60, highest GAF past year unknown

RECOMMENDATIONS: I would proceed cautiously with prescribing interferon. He should be monitored for depression. I don't recommend medication for depression or anxiety at the present time. He may wish to pursue further psychotherapy, though I tried to provide him with reasonable low expectations that the psychotherapy is going to provide much benefit. I also talked to him to consider relying on his faith, and to try to develop a less self-centered world view so that he might have a better ability to adapt to prison life in the future. He seemed satisfied with our discussion and thanked me for my input.

Joseph R Wilson

Joseph Wilson, MD
Contract Psychiatrist

d: 10-17-2000
t: 11-07-2000 LMM

513-110

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: NEUROLOGY - DR. KOLAI

FROM: (Requesting physician or activity) GMT

DATE OF REQUEST: 2/ca[illegible]

REASON FOR REQUEST (Complaints and findings)

flu 2 months

PROVISIONAL DIAGNOSIS

Migraine with Aura

DOCTOR'S SIGNATURE

REY T. NUBLLE, PA
FCI TERMINAL ISLAND

APPROVED

MARK J DAG MD

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☐ YES ☐ NO

S/ No reports of migraine for past 2 mos.

He has not been taking Antibiotic.

Has not used Imitrex.

A/- Migraine c aura on remission.

DIC clinic

(Continue on reverse side)

SIGNATURE AND TITLE

MARK J DAG, MD

DATE: 4/25/00

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle; grade; rank; rate; hospital or medical facility)

MONACO, DONALD
13314-006
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

FPI - LOM

513-110

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: NEUROLOGY - DR GLUCKMAN

FROM: (Requesting physician or activity) OPT

DATE OF REQUEST: 10/7/99

REASON FOR REQUEST (Complaints and findings)

f/u 2 months

PROVISIONAL DIAGNOSIS

HA

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
REY T. [illegible], PA FCI TERMINAL ISLAND		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☐ YES ☐ NO

12/2/99 - called by opt., re-schdld. MARK J DAG, MD

11/6/00 No show - called work supervisor. / DAG

Hx of migraine c aura, presently c stability 1 Cotomc followed by headache ess. c n & v.

Neuro-exam c remarkable local fundi are benign.

A/ Migraine c aura

RC - Sumatriptan nasal spray 20 mg PRN for migraine attack, not more than 2 tabs a week.

- Amitriptyline 25 mg hs FU 2 mos

(Continue on reverse side)

SIGNATURE AND TITLE — DATE 2/29/00

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MARK J DAG, MD

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI TERMINAL ISLAND 90731

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

FPI - LOM

513-110

MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO: DR. GLUCKMAN | FROM:(Requesting physician or activity) CPD | DATE OF REQUEST 8-5-99

REASON FOR REQUEST (Complaints and findings)

F/U 2 mos

PROVISIONAL DIAGNOSIS

Chronic HA

DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

RECEIVED CORNEJO, PA

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO | PATIENT EXAMINED ☐ YES ☐ NO

F/U Doing fine
no HA since saw me.
never ~~stopped~~ started Elavil.

Thinks less stress moved out of B unit (chronic care unit) → loss of psych. now in E unit → more civilized

still uses occ 2 nitro + 1 follow up for migraine

(Has PRN Tylenol codeine #3 (but hasn't used.

1) Refer 2 months
2) continue nitro as directed
3) Tylenol codeine #3 prn for pain

(Continue on reverse side)

SIGNATURE AND TITLE | DATE 10/3/99

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MARK J DAG, MD

MONACO, DONALD

13314-006

DOB 07-31-1958
FCI TERMINAL ISLAND 90731

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

FPI - LOM

513-110

MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO: Ortho - Smith | FROM: (Requesting physician or activity) Pelton | DATE OF REQUEST 7/20

REASON FOR REQUEST (Complaints and findings)

(L) Shoulder OA ?

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO | PATIENT EXAMINED ☐ YES ☐ NO

7-28-99 Lack time. Reschd. JG

cc: (L) shoulder 'constant pain', hurts to do ROM

PI: 7 mos. before, playing basketball, hyperextended overhead. Reaggravated 2-3 mos. ago, fell onto (L) shoulder, (R) handed.

PH: med: Ø, surg: (R) ft. repaired s/p laceration/compd. fx.
meds: ← liver 'hepatitis' (C), minor aortic valve Cath, 7 migraines

Px: 49 yo., WM, full but guarded ROM (L) shoulder, VS intact.
Xrays: 2 V, WNL Impression: subjective pain (L) shoulder, R/O int. derangt.

Plan: MRI (L) shoulder, Re-eval next X.

(Continue on reverse side)

James K. Pelton, MD
Clinical Director
FCI Terminal Island

SIGNATURE AND TITLE: Richard C Smith MD | DATE: 8-6-99

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Monaco, Don
13314-006

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

FPI - LOM

513-110

MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO:	FROM:(Requesting physician or activity)	DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

(2)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

life change, whether it was drug & ETOH, or my sexual thoughts or the confirmation.
as a child started cross dressing (5-6y) had 2y ago and even considered partial or complete sex change. This cross dressing was sexually enjoyable. was raped & intimidated by his father beating him and fight (physical, verbal) by father who punished us (me, my sister & my mom) this continued till parents got div pt was 12-13y old. pt was 17½y old when left his father and started living independently.

Substance abuse: was 14-15 started using pot
ETOH only. qd
Mvscalm / 16y
Gabapin 2 qhs
Lamictal

(Continue on reverse side)

SIGNATURE AND TITLE	DATE
	4.29.99

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MONACO, DONALD
13314-054
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

CONSULTATION SHEET
Medical Record

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Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

FPI - LOM

513-110

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO: Neurology | FROM: (Requesting physician or activity) Pelt | DATE OF REQUEST 7/23

REASON FOR REQUEST (Complaints and findings)

Pt c migraine Headache hx, now more frequent, atypical?

PROVISIONAL DIAGNOSIS

Chronic HA

DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

Degrees
Hep C
calcified
aortic
valve

?CETS

Severe HA
in left eye
age ~ 6 or 7

Had CT
neg in
emergency in
last 5 years

every
neg term
10/99

Transmittable
petechiae

new ©
severe debilitating migraine since age 6 or 7
visual sparks and both eyes open +
goes blind over 1 hour when visual disturbance
goes away gets n+v. lasts up to 24 hours
total + exact, well symmetrically. at onset
gets some Euphoria. no smells triggers
foods triggers, ? mocha, citrus Juice; 30 more
? triggered. occurs 1 month.
Tolerates midrin helps visual aura but
is tried triptan (?TCETS) copenopt/made
sick. Can't take Depakote and ?CETS
no Inderal or Elavil. Never had neurologic
loss double vision and 20 lbs pound. Pain settles
behind R eye
aura 7 entire migraine

(Continue on reverse side)

SIGNATURE AND TITLE | DATE 8/5/99

IDENTIFICATION NO. | ORGANIZATION James K. Pelton, MD | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Monaco, Don
13314-006

Plan
1) Elavil 10 mg → 20 mg in 2 week
2) midrin or nonsteroidal acute
3) Sed Dx
4) Tylenol #3 × 1 mg bad HA.
5) BBG.
6) 100 mg PRN Headache
37 pack 2 month supply

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MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Psychiatry	CMM.	4/9/99.

REASON FOR REQUEST (Complaints and findings)

Pt to pt mail, c/o being depressed request to see MD for evaluation. Recession memorandum

Request to talk w/ pt

PROVISIONAL DIAGNOSIS: Hep. C AD (D) anxiety disorder / adjustment disorder

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
MDR — MARK J. DAG, MD		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO — PATIENT EXAMINED ☐ YES ☐ NO

This 40 y/o W/M was evaluated & interviewed individually.

C/C nightmares, thinking about abused drugging my sox ever since childhood though he realizes it is unusual., depression", turning my anger inwards, turning my anger inwards towards my future and other people who I think been responsible, feeling frustrated, having hard time to make a decision, medication did for the past 5-7 y off and on

HPI As a young teenager started using drugs, I was 5 y ago that I believe depressed and went through so many successful failures but it was 2 y ago when I was imprisoned and not been using drug began to realize and see my

(Continue on reverse side)

SIGNATURE AND TITLE	DATE
	4/29/99

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MONACO, DONALD
13314-006
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

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MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM:(Requesting physician or activity)	DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

(3)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

Before parental divorce, saw a psychologist through Marine Counseling (was 10–12 y/o/d) about 6 X

In early 90's sought psychological help, saw a psychiatrist for 4 or 5 X only psychotherapy. also was hypnotised 3 X by a psychiatrist, also drug counselor for 6 X

Medical Hx Hepatitis B in mid 20's
" C in early 30's / C subsequent liver problem

Father was EtOH
Grandfather (mother side) EtOH
EtOH
John H

2y College
Construction & Then self employed
Glazier by trade

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
			1/12/99
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MARK J. DAS MD

RONACO, DONALD
13814-086
DOB 07-31-1958
FCI TERMINAL ISLAND 9075

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Medical Record

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513-110

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO	FROM:(Requesting physician or activity)	DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

(4)

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO

NSE Alert, Cooperative, Appropriate, informative casually dressed rather clean, speech was soft and slow in tone, normal in pressure, affect was appropriate to mood, mood was dysphoric, denied S.I.H.I. admitted fantasizing about sex as a female; reading books about sexual change No disorder of thought or perception noted, was oriented x3 oriented in 3a, memory was not impaired. No gross cognitive defect noted. Judgment fair, insight limited

Imp Axis I 1-Dep NOS

2 R/O Transvestic Fetishism

referred to psychologist for psychotherapy and internal medicine for hepatitis c

Axis II Deferred
Axis III Hepatitis C
Axis IV moderate
Axis V 50 current year

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
		4/29/94

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

MARK J. DAG, MD

CONSULTATION SHEET
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FPI - LOM

[illegible], DONALD
[illegible]
DOB 07-31-1958
FCI TERMINAL ISLAND 90731

513-110

MEDICAL RECORD | CONSULTATION SHEET

REQUEST

TO: Cardiology | FROM (Requesting physician or activity): Pelt | DATE OF REQUEST: 3/3/95

REASON FOR REQUEST (Complaints and findings)

40 y/o ♂ c H/O AI - Calcified Aortic Valve, well compensated

PROVISIONAL DIAGNOSIS

AI

DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☑ YES ☐ NO | PATIENT EXAMINED ☑ YES ☐ NO

40 ♂ c hx Calc Ao Valve c Mild AI by echo 1992

Now asymptomatic

O/E WNWD 127/88

CVS = RRR SEM 1/6 @ diastolic

Re: Medical follow up

(Continue on reverse side)

SIGNATURE AND TITLE: Eric Reddy MD | DATE: 4/28/95

IDENTIFICATION NO. | ORGANIZATION | REGISTER NO. | WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Monaco, Donald

13314-006

MARK J BAG, MD

CONSULTATION SHEET

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